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The Boulder Behaviorist

STATE DOCUMENTS

Boulder River School & Hospital
Vol. II, No. 14 Boulder, Montana 59632 December 20, 1974

MANAGEMENT BY OBJECTIVES: A SYSTEMS DEVELOPMENT FOR TITLE I AND UNIT 5 - PART II

by Ted Maloney, Community Coordinator, Title I

In the Volume II, Number 12 issue of The Boulder Behaviorist, a rationale for developing an M.B.O. system was presented. This article will present information on the accountability of daily routine tasks.

Most jobs have responsibilities that should be completed on a regular basis - daily or weekly; but in many cases, there is no system to hold persons accountable. One way of tracking routine responsibilities is to break the job down into individual areas of responsibility, determine a means of measuring completion of specific responsibilities, and setting standards to be met for each responsibility.

Determining what responsibilities are part of a job may be accomplished several different ways, or through a combination of these ways. Most jobs have a job description; if the job description is similar to what an individual does in that job, then the job description may be broken down into specific responsibilities. The specific description of a responsibility should consist of only a few words. If the job description is vague or nonexistent, another means to determine the responsibilities would be to record the amount of time spent on different tasks. In may cases, routine tasks take up much of a day. With the time study completed, information is available on what responsibilities occur routinely. A third method would be to simply pinpoint those responsibilities that occur regularly, and make a list of them.

Once the general list of responsibilities has been completed, it should be modified to meet the following guidelines:

1. Each responsibility should be brief (not more than four words.)

2. Each responsibility shoud be descriptive, neutral, and nonquantifiable.

3. Responsibilities should contain only one responsibility; thus, it should not have the following words or marks: and, or, comma, semicolon, colon, dash, slash.

4. The list of responsibilities should not be less than six or greater than twelve.

5. The list of responsibilities should be ordered according to priority.

Examples of responsibilities are as follows:

Resident programs.	Professional development.
Self-development.	
Public relations.	Placements.

The responsibility list may be used to cover a particular job over a long period of time, and changes should occur only if the job is drastically altered. (Standards for responsibilities change, as do objectives, which will be explained in forthcoming articles.)

With the responsibilities list complete, the next step is to determine what means can be used to measure whether or not a responsibility is completed. What must one observe to determine whether a job is being completed or not?

Measurement Criteria

The measurement criteria will probably include: number of X events, amount of time, or percent of X events; thus, the measurement criteria of a responsibility will have a quantifiable outcome. The measure should be specific in order to avoid subjective

and vague outcomes, resulting in a subjective evaluation of the responsibility. If a job responsibility does not have a quantifiable outcome measure, then it probably should not be included as a responsibility; however, this should not occur frequently.

Measurement criteria should meet the following guidelines:

1. Each measurement criteria should be brief - not more than seven words.

2. Each measurement criterion should be neutral, descriptive, and result in a quantifiable outcome.

3. Measurement criteria should not contain the following: and, or, comma, semicolon, colon, dash, slash.

4. For each responsibility, there should be at least one measurement criterion.

Examples of measurement criteria are as follows:

Responsibility	Measurement criteria
Resident program.	1. Number completed per week. 2. Amount of time per week.
Self-development.	1. Number of inservice training units completed.

Standards of Performance

The last step in making routine responsibilities accountable is to determine the standards to be met. Standards of performance on responsibilities set specific outcomes indicating the success or failure in completing responsibilities. Standards indicate whether the performace of a responsibility exceeded expectation, met the expected outcome, or was below expectation.

Examples are as follows:

Responsibility	Measurement Criteria
Resident program.	1. Number completed per week

Performance Standards

Exceed	Expected	Below
25 +	20-24	19 -

Standards may be set arbitrarily at first, but as data is gathered showing what the realistic performance standards are, standards should be modified accordingly.

Summing Up

Determining responsibilities, measurement criteria, and standards for a job are ways to form routine tasks into an accountable system. The next article will explain a means of developing objectives that will enhance routine responsibilities, as well as hold an individual accountable for completing goals that are not routine.

The system that is being applied here is open to criticism, as it is a combination of empirically based accountability sytems, and interpretations of M.B.O. systems, which have not been tested in this combination. Data will tell us how successful or unsuc-

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essful the system will be. Anyone having information concerning empirically based systems, or M.B.O. systems, or is aware of programs developed through these systems, please contact -

Ted Maloney
Community Coordinator
Title I Program
Boulder River School & Hospital
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SIVERTS REPORTS ON THE NATIONAL CONFERENCE ON THE USE OF ON-LINE COMPUTERS IN PSYCHOLOGY

by George Siverts, Instrumentation Specialist, Title I

The following is a report on some of the ideas discussed at the computer conference held in Boston on November 20, 1974. The conference was valuable because it brought us in touch with some of the latest developments in computer technology applied in settings similar to the teaching laboratory currently being developed at BRS&H. While some of the ideas do not have practical significance for us at present, awareness of the "state of the art" in the field of behavioral instrumentation will be helpful in planning for the future.

Many of the presentations at the conference discussed computer control of operant laboratories. These were of interest because they related directly to the future organization of programmed instruction at BRS&H. A couple of approaches to the laboratory control were presented, using different machines and different kinds of programming.

Most commonly, small mini-computers such as the PDP-8 or PDP-11 were used for lab control. Advantages to this approach include ability to control many test chambers simultaneously, great program flexibility and general ease of operation, since several programming arrangements designed specifically for operant lab control are already in existence (e.g., S.I.M.P.L.E., SKED, FOCAL, and OPL). With these systems it is possible for a user to set up an operational laboratory with a minimum of technical and programming support. While the initial cost of a mini-computer lab is still high when compared with less sophisticated systems, the ease of use and great flexibility make it worthwhile in most cases.

The second approach to lab control involved the use of microprocessors. A microprocessor is a small, relatively inexpensive semiconductor component, which essentially performs the operations of a computer processor. With the addition of necessary support circuitry, a functional micro-computer can be constructed for about $500. Although microprocessors are fairly new and hence have not been used extensively in lab control applications, it is expected that they will perform well in this area. They are fast enough for real-time, on-line control of multiple test chambers and represent a small investment when compared with commercially available units.

Inexpensive peripherals, such as cassette tape readers and CRT interfaces are being developed for use with microcomputers. While these units usually do not have the quality of standard IBM or DEC peripherals, they are adequate for the modest speed requirements for the typical operant laboratory. One problem with the use of microprocessors at this stage in their development is the high level technical support required to actually construct a working controller. "Tinkerers" who can be found in almost any psychology laboratory will probably be best advised to stay away from this approach at present. Use of microprocessors has been simplified recently, but even so, a minimum of 24 rather complicated integrated circuits are still required in support circuitry to enable the microprocessor to do useful work. Another problem is the dearth of software available for use with microprocessors. At present, a user typically has to design his entire operating system in machine code, the most difficult language to understand. Most users in psychological laboratories do not have the expertise necessary for this kind of programming.

It may be useful to compare the approaches discussed above with what we are now doing in the Instrumentation Lab. Currently, the programmed instruction modules are being designed as self-contained units. Programming is done with read-only-memory chips, components which have programs permanently wired into them, and separate

sets of control gating are included for each module. While this is by far the most inexpensive approach when dealing with a small number of test modules, flexibility is severely limited and the required replication of program and control circuitry in any large number of machines would soon become quite expensive.

Since the use of automated instruction in training developmentally disabled individuals is not wide-spread, considerable development of programming format and materials will have to be undertaken before much progress can be expected. Attempts in the past, at least here at Boulder, did not use programs specifically designed for retarded individuals. With this in mind, it is probably best in the long-run to use control systems which are extremely flexible. With the flexibility inherent in the mini-computer approach, attention could be directed toward the orderly development of training strategies.

On the whole, the conference provided a glimpse of the level of sophistication others have attained in controlling their laboratories. While we have no immediate requirement for such sophistication, the knowledge gained should be quite useful in planning for future development.

LANGWORTHY NAMED UNIT 5 SUPERVISOR

Ron Langworthy, Assitant Director of Title I, was recently named to supervise Unit 5. Formerly supervising the Unit was Richard Swenson, Ph.D., the Director of Title I. The Unit 5 project, sometimes called the Boulder Training Unit, has been under Title I supervision since the institution-wide reorganization of resident living arrangement on July 30, 1974.

Langworthy was asked to comment on the future direction of Unit 5.

"I've spent the first two weeks trouble-shooting, and trying to solve communication problems. It is apparent that many problems do exist, most often because the organization of the Unit is unlike the Units throughout the institution. I have been working on a plan to make the line of authority more simple, and I may explain that in another issue of the newsletter. My first directive will require all Title I supervisory staff in Unit 5, including myself, to involve themselves in a minimum of one-half hour of direct resident training per day. Training is our first priority. It is my belief that supervisors will be more informed and involved if they contribute routinely and directly to that effort."

MALONEY ATTENDS ACHIEVEMENT PLACE TEACHING PARENT WORKSHOP

by Ted Maloney, Community Coordinator, Title I

Janice Frisch, Bureau Chief for Social and Behavioral Services at Boulder River School & Hospital, Mike Brown, Director of Developmental Disabilities for Social Rehabilitative Services, and Ted Maloney, Community Coordinator for Title I, along with three other observers, and eleven teaching parent trainees attended The Teaching Family Workshop held on the campus of the University of Kansas in Lawrence. The purpose of the workshop was to provide instruction in the basic skills necessary to implement the community-based teaching family model for youths who have been described as "pre-delinquent", "delinquent", "educably retarded" or "emotionally disturbed." During the workshop, the emphasis was on the teaching parents or teachers, whose roles were to educate youths in social, academic, pre-vocational and self-help skills.

The goal consisted of gathering information on aspects of the teaching family model which could be utilized to provide services for developmentally disabled individuals, especially moderately, severely and profoundly retarded individuals. During the week, the observers had the opportunity to interact with individuals who were involved with operating the teaching family model in a state hospital for adolescents labeled "psychotic", a state boys' school, three cottages for neglected children, and in group homes for mildly and moderately retarded adults. Through these interactions the observers learned how the teaching-family model could be altered to meet the

needs of a specific population.

In order to present information about the teaching family model, the model was broken down into fourteen sections. Individuals from the Achievement Place Project presented information about the section with which he or she had had particular experience. Elery "Lonnie" Phillips' section on motivation systems was one of the highlights of the workshop. "Lonnie" held everyone's attention with his adept use of lecture and audio-visual aides, modeling (both in the roles of youth and teaching parent), role playing, and an occasional humorous anecdote. The motivational system moves from a token economy points system (hourly, daily and weekly) to a less structured (no points) merit system which is utilized once a youth demonstrates appropriate behaviors within the first three systems. Points may be earned by engaging in learning and appropriate behaviors such as dressing neatly, or helping prepare a meal. Points may then be exchanged for privileges. Privileges include watching television or securing snacks. Points are withdrawn for inappropriate behaviors such as breaking house rules by lying, or swearing before guests.

In some token systems, individuals who engage in behaviors which result in the loss of may tokens rebel against the system because it takes so much effort to "get out of the hole." However, the point system is flexible enough to allow an individual to earn the necessary number of points to maintain privileges and still not become discouraged once points have been lost.

Other sections of the workshop dealt with how to work with youth in the teaching family model, how to work with professionals who have contact with youth, parents and community, and how the programs are evaluated.

The teaching family model could be used with little or no change for age-appropriate, developmentally disabled individuals who exhibit the skills of mild mental retardation. The teaching family model would have to be changed in several areas to meet the needs of a population of individuals who exhibit the behaviors of profound and severe mental retardation. The points system would have to be altered to first use primary reinforcers, then teach the values of tokens and how they may be used. Objects for which tokens could be exchanged would be of a wider variety than covered by the privileges for the point system. Other aspects of the model, such as the youth manager and self-government systems, would have to be modified to meet the skills of individuals residing in the home.

Generally, my impressions were that the model has worked well for youth described as "pre-delinquent" or "delinquent." Achievement Place staff are involved in continual evaluations of the model. As more individuals begin working in the field of mental health and mental retardation, a more refined program will be developed to meet specific needs.

ANNOUNCE SCHEDULE FOR WATSON'S INTENSIVE BEHAVIOR MODIFICATION WORKSHOPS

Workshops will be held at the following locations and dates:

Philadelphia.....February 23-26, 1975

Atlanta.....March 12-15, 1975

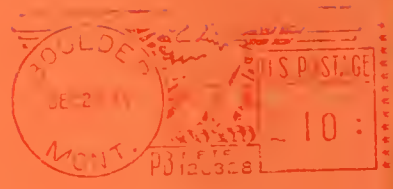
New York.....March 26-29, 1975

Cleveland.....April 9-12, 1975

Boston.....May 7-10, 1975

For information, contanct: Behavior Modification Technology, P.O. Box 597, Libertyville, Illinois, 60048. Or phone: 312-367-0606.

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The Boulder Behaviorist

Boulder River School and Hospital

Vol. II, No. 13 December 6, 1974

Boulder, Montana 59632

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SUIT FILED AGAINST BRS&H

The State of Montana has been served with a summons in a civil action against Boulder River School & Hospital for the "widespread violations of the rights secured to citizens of the United States who are residents and potential residents of the Boulder River School & Hospital." Edwin Kellner, Director of the Department of Institutions, and Gerald Butcher, Acting Superintendent of BRS&H were named as defendants.

According to the suit, the defendants have failed or refused to recruit, employ and train qualified professional staff in sufficient numbers to carry out a minimally adequate program of treatment and habilitative care. "Habilitative care" was defined as meaning "the process by which a mentally retarded individual is assisted in acquiring and maintaining those life skills which enable him to cope more effectively with the demands of his own person and his environment, and to raise the level of his physical, mental and social efficiency."

In addition, the suit states that the defendants have failed or refused to provide Boulder River residents with decent and humane living conditions, and have employed or permitted the employment of Boulder River residents without compensation.

The summons claims that the above acts and practices are in violation of the Eighth, Thirteenth and Fourteenth Amendments. These Amendments to the U.S. Constitution protect American citizens against cruel and unusual punishment, involuntary servitude, except as a punishment for crime; and prohibit any state from depriving any person of life, liberty, or property, without due process of law or denying to any person the equal protection of the laws.

HORNER CONSULTS WITH TITLE I STAFF

R. Don Horner, presently working as Project Coordinator for the Professional Training Program Development Unit at the University of Kansas in Lawrence, consulted with BRS&H Title I staff for two days in November. Horner stimulated discussion on a variety of topics relevant to Title I's present projects - namely, Unit 5, inservice training, environmental design, research, and program evaluation. The following paragraphs summarize some of the group discussions.

Program Evaluation

Horner suggested that rather than relying on step graduation data, a more precise method of measuring skill acquisition would be to look at the type of discriminative stimulus (S^D's) a resident needs to perform a skill. For example, the level of prompt can be recorded: no prompt, verbal prompt, verbal and visual, or verbal, visual and physical.

His suggestion employs a four-stage training procedure similar to that used at BRS&H. The first step tests whether the resident can perform the skill with no prompts given, using only the physical environment as a cue. If he does not emit the behavior, a verbal S^D is then provided. Step three includes both a verbal and visual S^D; and step four includes verbal and visual S^D's, as well as physical prompts.

Using this procedure, the resident is taken through each step until the target behavior is completed. He is then reinforced and the datum recorded is the type of S^D necessary for each step. As the individual acquires the skill, the number of prompts necessary should then decrease, resulting in a measure of skill acquisition over time. Working on the entire behavior in one trial as op-

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posed to training one step at a time is a method which will be used as an option in the future at BRS&H.

Training Tips

Horner warned against "undoing" behaviors. He cited the example of a child being trained to lace his shoes. He would perform the skill by pulling the shoestring through the bottom two holes and putting one end of the string into the next appropriate hole. Then the trainer undid what the child had performed and again gave the command to lace the shoe. According to Horner, such training is actually setting up a punishment contingency. The completion of a behavior should lead to the next level, not a disruptive sequence. Repeated trials could possibly be provided through multiple mediums such as a sequence of shoes, each to be laced from scratch (or whatever level the resident is at).

Environmental Design

Horner pointed out that institutional environments have been designed as austerely as possible in order to prevent the occasion for certain behaviors. For example, having no furniture results in no furniture broken. But often while protecting a resident from developing these behaviors, the environment effectively promotes other deviant behaviors such as head-banging, rocking, etc. He discussed Todd Risley's studies on environmental designs which maximize appropriate behaviors. Some of these studies measured responses when objects were introduced into an environment. For example, Risley bought 400-450 objects that were nonbreakable, easily cleaned, manipulatable and that cost under $1.00. These were introduced into an institutional environment and data were taken as to how the mentally retarded residents manipulated them and what combinations of objects resulted in favorable interactions. According to Horner, it was found that there was a 50% reduction in the occurence of maladaptive behaviors in this enriched environment.

"Scattered environments" - those enriched by the presence of a variety of objects - at least provide the occasion for interaction. Besides running to a discount store in search of enriching objects, Horner suggested a 'recycling' of available objects such as plastic containers that have been thoroughtly cleansed, boxes, etc. He also suggested a variety of time lengths for the objects to be out for residents' use. By introducing objects on a staggered basi once the residents become satiated on one group, another could be introduced.

Staff Zoning

Another idea introduced by Todd Risley which Horner discussed was the staff zoning model. Horner said that having the entire cottage population doing the same thing at the same time is not only dehumanizing, but often allows for maladaptive behaviors to crop up. Staff zoning calls for daily activities to be planned around the opening and closing of various learning zones. Cottage staff could decide what the zones

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should be, who would man each zone, and the specific times each zone would open and close. This is accomplished by first determining "holding activities" - those activities which engage or involve the child in his environment. Having done this, activities are then set up in zones. All children who require training are pulled out of a particular zone area and taken elsewhere for his training program. Horner referred to this as a "zone versus man-to-man defense", and added that appropriate numbers of staff were necessary before the zone model can be set up.

These are only a few of many topics Horner discussed with Title I staff. He attended a Montana-SABT meeting as guest speaker and discussed the job he held in England during the past year, evaluating ten-years' worth of data on residents of hostels versus residents of institutions. The data he related upheld a stiff argument in favor of small group living as opposed to institutional living arrangements. He discussed various published programs and problems of implementation, suggested inservice training alternatives (should attendants be trainers?) and time-out procedures (what do to when a kid 'digs' the time-out room!).

We feel Horner's visit was extremely worthwhile to us. If any of our readers wish to contact him for additional information on these topics, his address is:

R. Don Horner
Department of Special Education
University of Kansas
Lawrence, Kansas 66055

INTRODUCING 'THE FORUM'

In order to provide an avenue for persons who wish to voice their opinions on behaviorally oriented subjects, The Boulder Behaviorist is beginning an editorial-type column, 'The Forum'. We are interested in articles on topics such as: the research role; certification of behaviorists versus certification of procedures; establishing versus eliminating behavioral repertoires; rights of the mentally retarded; training response classes versus training specific skills, and so on.

As we see it, the column could serve the following functions:

1. It would enhance the publication by adding a regular feature of variable content but (hopefully) strong substance.

2. Input and feedback from readers on subjects would involve a wide range of ideas from an otherwise 'silent' audience.

3. It would provide another outlet (and many are needed) for intelligent discussion of the critical issues in behavior modification and mental retardation.

All contributions should be well-written and centered around one primary opinion or issue. Address all articles to:

Editor
The Boulder Behaviorist
Boulder River School & Hospital
Boulder, Montana 59632

The first 'Forum' article follows. Replies are welcome.

THE FORUM

RETARDED PEOPLE HAVE RIGHTS TOO!

by Gary Pagnotta, Supervisor, Social Services and Ron Langworthy, Assistant Director, Title I

The Coalition for the Rights of the Retarded (CRR) is a newly formed group of individuals who share the belief that the retarded citizens of Montana are entitle to basic constitutional rights and human rights. Membership is estimated to be thirty currently, most of whom are professional employees at Boulder River School & Hospital. All time and material expended for CRR is done

at private expense. The principal activity of CRR will be to spread information throughout Montana concerning the rights and proper treatment of the retarded.

It is widely known that the events of the next six months, especially in the Legislature, will shape the future treatment of retarded people for years to come. Two paths of differing philosophy are open to Montanans. The first involves keeping retarded people at BRS&H "with their own kind", and making BRS&H a nice place to live. The opposing philosophy asks that retarded people be treated in the community, residing in natural homes, foster homes, or small group homes. Both paths will require great increases in spending, since it will no longer be acceptable to deny to retarded people training and adequate care. We of CRR hope to persuade people of Montana that the first path is (1) far more costly, (2) dehumanizing, (3) counterproductive with respect to treatment, and (4) furnishes an almost unavoidable occasion to deprive people of their rights. With these ideas in mind, CRR has developed a four-page statement of eight major points, including specific justifications for each one. The major points are as follows:

1. The state has a legal obligation to fulfill and observe the basic rights of its mentally retarded citizens as defined by the Constitution of the United States.

2. The state must continue its policy of depopulation of Boulder River School & Hospital.

3. We oppose any further construction of residential living facilities at BRS&H.

4. The state must immediately establish adequate training and treatment for all residents of BRS&H to facilitate their systematic return to the community.

5. We strongly support increased salaries for BRS&H employees, and we specifically support the proposed pay plans offered by the Governor and the State Personnel Division.

6. We support the development of adequate community-based services which will enable the mentally retarded to achieve maximum independence in the community.

7. We support the development of small regional centers for those individuals who require short-term, intensive training in order to be successful in group homes.

8. We support the widespread development of small group homes and oppose the development of larger residential living facilities.

CRR hopes to disseminate information via radio, television, newspapers, and organizations which may invite CRR representatives to address them. The widest possible base of support will be solicited, so everyone is welcome to attend meetings. Information on the time of the next meeting or on how to obtain a full copy of the CRR platform can be obtained by calling after 5:00 p.m. - Mr. Pagnotta at 225-3315 or Mr. Langworthy at 225-3729.

MENTAL RETARDATION AND THE LAW

A notable publication for all behaviorists in the U.S. is Mental Retardation and the Law: A Report of Current Court Cases, from the Department of Health, Education and Welfare, Washington D.C., 20201. This booklet contains updated accounts of the rights of mentally retarded citizens as they are contested in court cases. New cases and continuing reports on on-going cases are analyzed. It's a reading 'must' for all persons dealing with the mentally retarded.

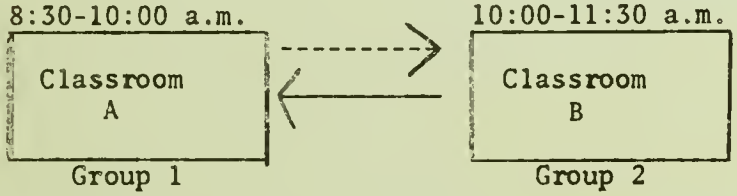
DESIGNING A PRE-SCHOOL TOKEN SYSTEM

by Walt Williams, Title I Training Supervisor

Whereas systematic procedures have been utilized to facilitate and evaluate academic progress, other areas such as classroom management have been dealt with in

a crisis-oriented fashion. As individual behavior problems have arisen, intervention programs have been designed to eliminate these problems. However, such an approach is inefficient in terms of staff time expenditure. What is needed is a token system designed to facilitate and evaluate acquisition of appropriate classroom behaviors.

The design of this proposed token system has been determined to a great extent by the structure of the Pre-School program. The Pre-School is staffed by two teachers, each working with groups of five students in 1½-hour class periods under a departmentalized teaching system. Within the new system, students will be awarded tokens during each class period contingent upon the performance of "on task" behavior. Each student will have a token chart located in the room of his last class. Thus, students in group 1 (indicated by the broken line in the chart) will have their token charts located in classroom B and students in group 2 (indicated by the solid line on the chart) will have their token charts located in classroom A.



Students who meet the criteria specified for a given week will receive a preselected reinforcer at the end of the school week.

During the current baseline period, interval data are being taken on "on task" behavior, and frequency data are being taken on "program graduations". It is anticipated that the primary effects of the Pre-School token system will be a significant increase in the "on task" behavior and a related increase in acquisition rate.

Non-Ambulatory Teaching Unit

Some of the schoolteachers are currently evaluating non-ambulatory residents for possible inclusion in an academic training program. Academic instruction is scheduled to begin the early part of January. Training will be provided to 8-10 non-ambulatory students, divided into a morning and an afternoon group. The morning group will be composed of students who reside at the hospital; the afternoon group will include students in the cottages.

UNIT 5 TRAINING PROGRAM PROGRESS REPORT*

Cottages	12	14	15
Number Residents in Training	20	10	15
Number Title I Staff Training	4	2	2
Number Attendant Counselors Training	4	0	6
Number Hours Training	145½	13	83¼

TYPES OF ON-GOING TRAINING PROGRAMS

Cottage 12

Basic Clothing Care
Advanced Clothing Care
Monetary Values
Monetary Equivalencies
Basic Time Telling
Advanced Time Telling
Token Economy
Sensory-Motor

Cottage 14

Dressing: Shirt
Dressing: Pants
Dressing: Socks
Dressing: Underpants
Spoon Feeding
Tablemanners
Shoelacing
Speech

Cottage 15

Eating
Tablemanners
Spoon Feeding

* Data taken from the week of November 18-25.

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MANAGEMENT BY OBJECTIVES: A SYSTEMS DEVELOPMENT FOR TITLE I AND UNIT 5

by Ted Maloney, Community Coordinator, Title 1

In July of 1974 Boulder River School & Hospital went through a reorganization of residential living units resulting in half of the Title I staff becoming directly responsible for the residents' environment twenty-four hours per day on three cottages. This was accomplished to ensure consistency in training effort through all shifts. Title I staff on the cottages have also been responsible for the supervision of additional staff, with an increased amount of tasks to be fulfilled. It was recognized that a management system would be helpful to organize staff, provide for staff accountability and improve overall productivity.

Since problems already existed in Title I staff management, the need for a management system was doubly important. Staff members agreed that a primary problem was the lack of an objective basis for employe evaluation. Often problems were treated in a reactionary manner; that is, as if a crisis had occurred requiring immediate attention. Handling a situation in this manner proved disruptive to the schedule of the individual who was required to deal with it. Often the employe had no time to develop a plan to deal with the input. Individuals assigned to such tasks would have no negotiation or due date specified. Occasionally there would be a misunderstanding in what the supervisor requested and what the subordinate produced. Finally, if more than one task was requested, no priority assignment was made.

In attempting to deal with the above problems, a system must be empirically based, have overall project objectives, have individual objectives, hold certain individuals accountable for the completion of objectives to a specified date, and be the basis for an objective personnel evaluation and staff incentive system. A system of management by objectives could be designed to meet these desired characteristics.

This is the first in a series of articles to be written for the purpose of explaining the development of a management by objectives system for Title I and Unit 5. Future articles will explain the principles of management by objectives (M.B.O.) as we interpret them, staff training, project goals, implementation of the system, and will identify sources of information on empirically based systems and M.B.O. systems.

SOME EFFECTS OF SCHOOL REORGANIZATION

by Walt Williams, Training Supervisor, Title I

The present school program has been in operation for twelve weeks, so it is now possible to monitor the degree of progress which has been made on several of the goals enumerated at the beginning of the school year. (See The Boulder Behaviorist Supplement, Vol. I No. I of August 20, 1974).

Establishment of uniform admission criteria

On the Pre-School level, admission criteria have remained relatively constant:

1. Basic self-help skills, or access to basic self-help skill training.
2. Basic speech.
3. Compliance.
4. Adaptive behavior. (Numbers 2,3 and 4 are defined by test scores.)

The only modification to these criteria has been to include "pointing behavior" as a possible alternative to "basic speech". The present Pre-School admission criteria will remain in effect throughout the current school year.

On the Functional Academic level, it has been

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necessary to be more flexible in regards to admission criteria. The criteria include:

1. Basic Academic Training Center prerequisites.
2. Pre-School curriculum proficiency.

Because of the large number of deficits in the BRS&H population, "Pre-School curriculum proficiency" has not been a uniform admission criterion. We can begin applying this criterion uniformly when students begin graduation from the Pre-School program to the Functional Academic program.

Development of a reliable method for measuring academic progress

The school program conducts weekly progress checks on specified instructional objectives. Program graduations are used to measure academic progress. Over the ten-week period in which data has been collected by the school program, there has been an average of 49.3 program graduations per week. The same high rate of program graduations (45 per week) recorded during the initial two-week recording period has thus been maintained over the entire ten-week recording period.

Coordination of academic training with self-help skill and independent living skill training

At present, about 50% of the students enrolled in the Academic Training Center also receive training in independent living skills (Living Skills Center and Cottage 12) or basic self-help skills (Cottage 15). There has been a minimal degree of duplication of training efforts among these training programs. Figures are not yet available on duration of instruction and percentage of completed teaching sessions. These will be provided in the next issue of The Boulder Behaviorist, along with a description of the proposed Pre-School point system.

UNIT 5 ACTIVITIES ROUNDUP: COTTAGE 12
by Tim Plaska, Training Supervisor, Title I

Cottage 12 is the residential living facility for residents of Unit 5 who are participating in the Boulder Environmental Enrichment Project (BEEP). Residents participating in BEEP are all involved in individual skill training programs which are conducted both in a simulated home environment and in naturalistic settings in the community. The current Cottage 12 program is an attempt to facilitate maintenance and generalization of skills acquired through training by controlling various contingencies throughout the entire day.

The population of twenty-four residents was selected during the recent reorganization of residential living arrangements here at BRS&H. Three major criteria were used: age, sex and training needs. This procedure resulted in a relatively homogeneous group of male residents, each of whom was under 21

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years of age, could independently perform all basic self-help skills, and needed training in community living skills. Thus the basic goal of the Cottage 12 program is to provide training in community living skills. Currently, all staff members are engaged in various activities designed to prepare residents for placement in the community.

Training

BMT's are conducting individual programs in basic and advanced clothing care, telephone, time-telling and money handling skills. Attendants, in preparation to conducting training programs, are participating in a six-hour orientation to behavior modification class, and are enrolling in the self-paced Camelot Behavioral Systems instruction course (see The Boulder Behaviorist, Vol. II, No. 10).

Token Economy

A point system has been implemented to consequate particular behaviors such as making beds, grooming, participating in school and training activities, and being on time for meals. Each resident records the total number of points he earns each day and can spend them in the token store or save them for various special activities.

Social Interaction Project

Baseline data is being collected by Title I staff to empirically determine rates of social interaction among Cottage 12 residents. Based on this data, intervention strategies may be implemented to promote socialization skills and to generalize these behaviors to various settings.

Tablemanners Class

Title I and attendant staff are working together to train residents in appropriate eating behaviors during each meal in the cottage.

Sign Language Class

Mrs. Gross, BRS&H's deaf-ed teacher is conducting a sign language class each Friday for all interested staff. Through her efforts, we are all learning to communicate with residents enrolled in her deaf-ed classes.

Accountability System

A staff accountability system based on measurable behavioral objectives (Management by Objectives) is currently being designed. Such a system will increase our effectiveness and provide an objective basis for employe evaluations. By explicitly defining each staff member's job, and providing feedback to him at regular intervals, we hope to see a more effective utilization of our resources, thus becoming a more efficient training program.

THE COTTAGE 15 ENVIRONMENTAL ENRICHMENT PROJECT

Lumber from a now-defunct time-out room has supplied the raw material for creative energies in Cottage 15. The material has been successfully recycled (with ardent applications of jigsaw and artist's paint pots) into gaily colored plywood cutouts. The cutouts depict such familiar objects as flowers, locomotives and animals, which are mounted on the walls of dayrooms, hallways and bedrooms. This special effort has been termed an "environmental enrichment" project, with the dual purpose of facilitating object recognition learning.

As part of this environmental learning project, BMT Mark Taleff is cutting words out of paper and taping them onto their related objects throughout the cottage. The paper words will aid in word recognition and word-object association. The only pitfall, according to Mark, has been with keeping the words on their respective objects. Due to sharp little fingernails, the average

life expectancy of the words has been no more than 24 hours. Mark is currently searching for newer and better methods to hold his words together.

EXTINCTION PROCEDURES AND HOW THEY WORKED

Two examples of how the behavior of cottage staff can effect the behavior of residents were perfectly illustrated in Cottage 12 recently. Employes on the morning shift had complained repeatedly about two residents who engaged in behaviors that were particularily annoying and time consuming to the staff. M.N. was extremely slow in dressing each morning, often taking 3-4 hours, and D.A. never returned to the cottage for lunch, thus requiring someone to go after him.

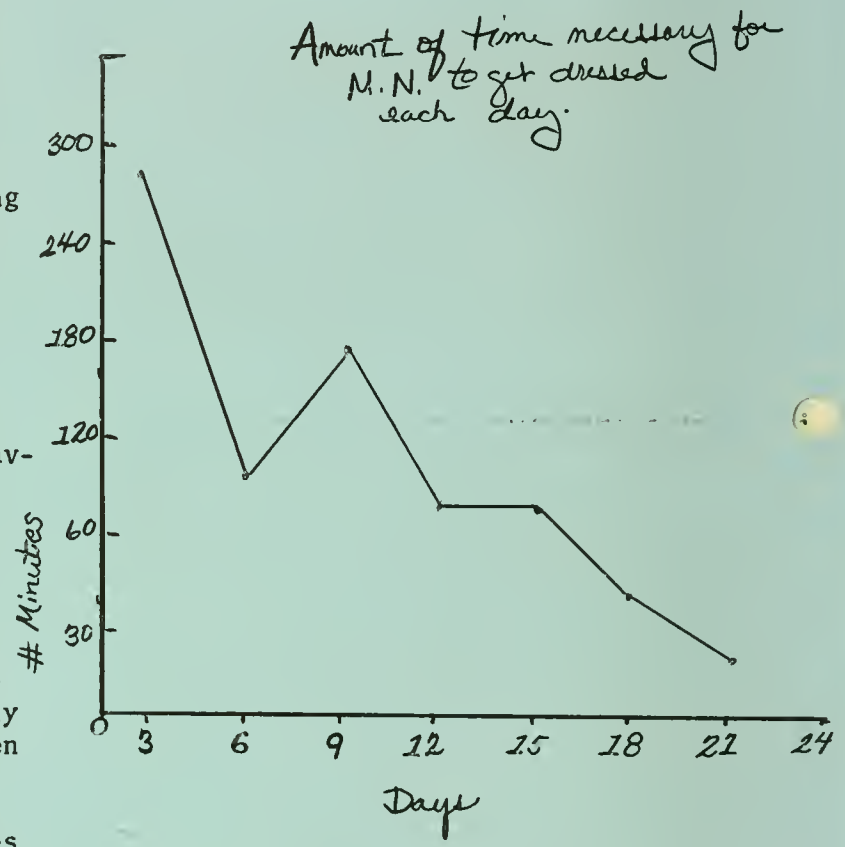
Following discussions of extinction procedures during the inservice training classes, it was hypothesized that perhaps staff attention was maintaining these behaviors.

Example 1

All employes on the morning shift were instructed to prompt M.N. to get dressed only one time each morning, instead of repeating the prompt many times, and actually sitting in his room with him (as they often did) until he was dressed. Also, they were to ignore him until he was dressed. The graph (see opposite column) illustrates the dramatic decrease in the amount of time M.N. needed to get dressed after intervention.

Example 2

According to staff reports, "D.A. never comes back to the cottage for lunch. He is always playing on the swings by Cottage 7 and we have to drive over at 11:30 to pick him up." On the first day following the discontinuation of this procedure (driving over to pick D.A. up each day for lunch), he had been observed nervously looking about the playground at approximately 11:30, and finally heading back in the direction of Cottage 12, arriving a few minutes late for lunch. Since then he has generally been on time each day, and it has not been necessary to make any special trip to bring him back to the cottage.



POLL EMC STUDENTS' IMPRESSIONS OF BRS&H

Thirty students from Eastern Montana College in Billings were recent visitors of Boulder River School & Hospital where they toured, observed and lived the life of institutionalized persons for three days. Included in their schedules was a two-hour training session on behavior modification terms and training procedures. BMT II's Jan Mackay, Ken Brown and Tom Seekins supervised three groups, dicussing Title I's viewpoint, re-

viewing behavioral terms, discussing extinction, the need for consistency in training, and maintenance procedures. Afterwards, the students formed two groups headed by Kari Nybo (see Boulder Behaviorist Supplement Vol. I No. 2 of September 30) and Ken Brown, Jan Mackay and Tom Seekins, who modelled role playing and had the students pair off to role play specific target behaviors. In this manner, the students had a chance to participate in actual training situations. Their performance was critiqued, and questions were answered. Students also attended a talk given by Dr. Pallister at the hospital, and went to a Montana-AABT meeting where they contributed suggestions pertaining to the future of Boulder River School & Hospital.

The end of their stay was marked by a questionnaire about the experiences they encountered at BRS&H. The questionnaire was designed to obtain reactions from the students regarding their feelings during their stay, how the visit could be improved to make it more beneficial to other students, and what specific things they learned from the experience. The results follow. (Note: 25 questionnaires were received; in many cases, students responded more than once to each question, so the numbers in the following responses will not add up to 25.

1. In general, do you feel this visit to BRS&H was beneficial to you?

 Yes - 25 No - 0

 Please state why.

--- Broadened the text-approach to include actual people .. staff and residents (15)

--- Opened an understanding of BRS&H (as well as other institutions) and its problems (7)

--- Encouraged further study in the field of mental retardation (6)

--- Cleared terminology and technics of behavior modification (1)

2. What departments or secions that you visited did you find particularily interesting?

 School (17)
 Deaf/Blind (11)
 Behavior Mod. (9)
 Physical Education (5)
 Physical Therapy (4)
 Cottages (4)
 Hospital (4)
 Non-Amb (1)
 Library (1)
 Dr. Pallister (1)

 Please state why.

--- Thought staff was good (4)

--- Was able to see programs in action (23)

--- Thought environment was stimulating (7)

3. In your opinion, what things could have been done to make the visit more worthwhile?

--- Less lecturing all in one block of time (6)
--- More interaction with the residents (5)
--- More demonstrations (3)
--- More direct participation in training activities (2)
--- Initial behavior mod. training (1)
--- More talk about physically handicapped, deaf/blind (1)

--- More access to areas outside Title I (1)
--- More talking with Dr. Pallister (1)
--- More interaction with attendant staff (1)
--- More small group discussion (1)
--- More time to talk with Title I people (1)
--- More time (1)

4. What specific things do you feel you learned from your experience here?

--- Broadened view of the field of mental retardation and reinforced desire to work in the field (13)

--- Learned how to interact with the mentally retarded (10)

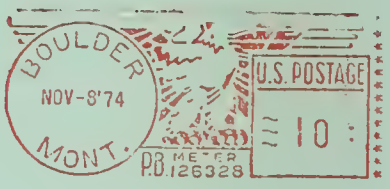
--- Have better understanding about behavior modification (7)

--- Learned about Boulder's problems and possible solutions (5)

--- Staff dedication (3)

--- Institutions promote digressive behavior, are illegal and expensive (2)

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LANGWORTHY REPORTS ON WESTERN CAROLINA CENTER

The Title I staff at Boulder River School & Hospital has long been impressed with the quantity and quality of information being generated from Western Carolina Center. For this reason, as well as for inservice training and idea-searching purposes, Title I's Assistant Director Ron Langworthy visited Western Carolina Center in Morganton, North Carolina from July 29 through August 2.

Mr. Langworthy reported his observations to the Montana chapter of the AABT on September 18. He reported that he was "very impressed with the enthusiasm, openness and friendliness" of the staff members with whom he spoke. The Superintendent, Dr. J. Iverson Riddle, was credited as being both effective and innovative. One of the programs which Dr. Riddle initiated at W.C.C. is the Advocacy Program, now headed by Ms. Emma Jean Frassrand. This program involves a group of Advocates who are responsible for reporting any abuse of residents' rights occurring at the Center. Residents report such instances directly to their Advocate, who in turn reports to the Superintendent. The Advocates are also responsible for explaining rights of the residents to all who work directly with them and for reporting dehumanizing practices or conditions. "Such a program," said Mr. Langworthy, "while inexpensive and comparatively simple to implement, would effect immediate, tangible benefits for the residents." He feels such a program would be both feasible and desirable as an addition to BRS&H.

Another exemplary program credited to Dr. Riddle is the Early Intervention Center, headed by Dr. Cornwell. This center was only recently constructed and seeks to train handicapped youngsters and their parents in the effort to avoid institutionalization.

Mr. Langworthy also reported that the use of operant techniques in the training efforts of W.C.C. was probably more widespread than here at BRS&H, but less detailed (less data-oriented).

Western Carolina Center has established an enviably close relationship with nearby Appalachian University which, Mr. Langworthy noted, has resulted in the hiring of many highly qualified teachers who were trained at W.C.C. as part of their degree requirement. "We are hoping that such a relationship with the Montana University System will develop in the future as a result of efforts now being made," commented Langworthy.

ATTENDANT COUNSELOR CREDITED FOR RUNNING READING PROGRAM

by Jan Mackay, BMT II

Some words of praise are in order for Tom Kilmer, Attendant Counselor in Cottage 6, who has been independently running a program with Keith D. since the first part of September. The original program had been written by Psychologist Dwaine Kennis at the request of school teacher Jan Anderson. Jan had had Keith in one of her classes and was interested in controlling Keith's profane speech and non-compliant behavior. While Keith attended school, various forms of time-out had been used to control his profane speech, with no apparent effect. Further information indicated that Keith did not present problems while in the Cottage. There, he spent his time looking out the window or listening to music. Also, it was discovered that he enjoyed such pass-times as looking at books, coloring, playing ball and eating M&M's. Mr. Kennis wrote Keith's program incorporating Keith's enjoyment of books.

The program involved someone taking the time to read to Keith ten minutes each

hour. Everytime that Keith sat and listened quietly to the story, he was rewarded with praise, goodies, or whatever was appropriate and handy. During the reading time, the reader would point to various pictures and name objects. Keith would then be asked to repeat the name, and if he did so, was appropriately rewarded. He was also rewarded for every other appropriate verbalization he made during the reading time. These verbalizations were incompatible with any profane language in which Keith may have otherwise engaged. If, during the readings, Keith used profane language, the reader was instructed to stop reading for a short period of time and find something else to do until Keith ceased the disruptive behavior.

Until reorganization, Jan Anderson ran this program with Keith. After that, Keith was moved to Cottage 6, and his program was disrupted from July 12 to September 9. On September 25, Mr. Kennis received data sheets from Tom Kilmer, complete with data taken from September 10 to September 25. Tom had been familiar with the program previously, and when transfered to Cottage 6 had picked it up. That's the kind of news we like to hear!

TITLE I ANNUAL REPORT COMING SOON

The Program Evaluation section recently announced that work is now nearing completion on the Annual Report for [redacted]ant Year 1974. This document outlines the structure and operation of the Title I Project and briefly summarizes its activities during the past year. The main purpose of the report, however, is to evaluate the success of the three basic approaches toward implementing programs (i.e., LIFE, BEEP and SAC), and to describe project revisions which resulted from these findings.

Anyone interested in obtaining a copy of the report should send their name and address with $1.00 to cover mailing and handling to:

Information Dissemination
Title I Project
Boulder River School & Hospital
Boulder, Montana 59632

TASK FORCE TO REPORT ON PRESENT HEALTH CARE IN MONTANA

In order to stimulate open dialogue and generate concern from Montana's citizens, a Task Force on Government and Institutions and the Montana Association of Churches are sponsoring a film-tabloid-panel discussion package on the rights and treatment of Montana's mentally ill and retarded, versus the rights and obligations of the public. The series is entitled "Us and Them: Mental Health Care in Montana". It will be seen by the public before the Montana legislative session

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meets in January.

The purpose of the project is to help the public understand the issues involved and to inform them on the existing conditions at Boulder River School & Hospital and Warm Springs. The director of the project, Reverand John G. Lemnitzer, commented during a recent telephone interview that the potential could be tremendous. He hopes to convey a full picture through the use of multi-media presentations, thus increasing the probability of larger numbers of viewers, and assuring broadened public understanding and sensitivity to the problems involved.

Rev. Lemnitzer further stated that if adequate money is voted upon by the legislature, that alone will not guarantee appropriate spending. In order that the necessary channels receive funding, the public must be educated on what presently exists and what could better replace existing facilities. Possible solutions to be reviewed by the task force include: 1) upgrading present facilities and services according to principles of operation, 2) revising thoroughly workings of institutions according to new principles, standards and theories, 3) beginning to phase-out institutions into community health care concepts.

The film portion of the package will be divided into two 27-minute television spots, the first of which will deal with present health care treatment as provided at BRS&H, Warm Springs and other health care centers throughout the State. The second will discuss viable alternatives to present provisions.

The eight-page tabloid newspaper will feature pictures of BRS&H and Warm Springs facilities, comments by humanists on the conditions, and interviews with patients and workers at the institutions. The tabloid is scheduled to be published before the television documentaries are broadcast.

Five discussion forums will take place throughout the state, one each at Missoula, Helena, Billings, Butte and Great Falls. The forums will draw from humanists, people from the helping professions, legislators and concerned citizens. They are scheduled to be held soon after the television documentaries are shown.

According to Rev. Lemnitzer, filmmakers Mike Gerber and Bruce Schmidt from Bozeman will be at BRS&H the first week of November for shootings. They will be using 16-millimeter color and sound film, and will be living on the institution grounds in order to obtain the full picture of existing conditions.

BOULDER TRAINING UNIT NEWS FOLLOWS UNIT 5 PROJECT

As Title I's Unit 5 Project began organizing, a new internal publication was born to keep communication cables humming within the Unit. Named the Boulder Training Unit News (BTU News for short), the newsletter is published once per week. Its main purpose is to provide information on a regular basis to the people working in the Unit cottages and for other people at BRS&H who wish to know what's going on. It also acts as a reinforcing element (hopefully) for the workers themselves who contribute to the daily managing of Unit 5 cottages. The BTU News maintains a personal, folksy tone, and talks about such things as staff attitude, conducts questionnaires (one conducted changed the name of Unit 5 Attendant Counselors to Mental Retardation Technicians), records resident placement, follows inservice training activities, encourages environment enrichment projects, and excerpts logbook entrees.

INSTRUMENTATION SPECIALIST SIVERTS DESCRIBES CLOWN FACE APPARATUS

George Siverts now occupies the position of Instrumentation Specialist for the Title I Project. In this position, Mr. Siverts is responsible for setting up and coordinating the use of more efficient procedures for the education and training

of the mentally retarded through the use of operant technology. In his job, he develops suitable apparatus and programs for automated instruction; serves as a resource person for trainers who desire to design and construct specialized equipment; advises the project director regarding the purchase of equipment and components necessary to meet technical needs of Title I; insures that all devises are safe in design and construction. In addition, he assists and works closely with the program evaluation section.

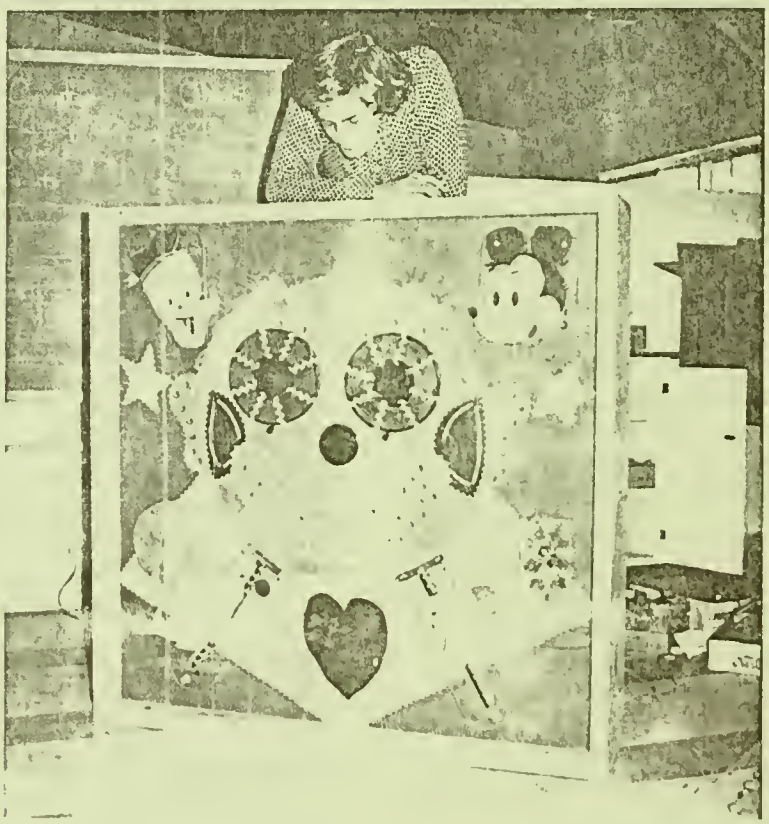
Pictured below is Physical Therapy's "Clown Face." It is intended for use as a teaching aid, providing visual and auditory stimulation as reinforcement. Currently, the trainer operates the device with a hand-held remote switch when a desired response occurs. The duration of each reinforcement cycle can be varied between about three and thirty-three seconds.

In the future, required responses will be electrically defined with switches and the subject will in effect operate the clown face himself.

Typical applications in Physical Therapy will include shaping a variety of gross motor tasks including grasping, touching, walking, etc. Ratio programming will also be added so that a preset number of responses can be required in order to receive reinforcement.

The unit was fairly inexpensive and easily constructed, using donated pin-ball machine components and commonly available integrated circuits.

Details pertaining to the construction and circuitry of the Clown Face can be obtained by contacting George Siverts, Instrumentation Lab.



George Siverts is shown with the "Clown Face" teaching aid he designed and built. Physical Therapy Technician Kathy Madden did the colorful artwork arrangements.

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CAMELOT'S SELF-PACED IST COURSE BEGINS

by Steve Kanies, Training Supervisor, Title I

Materials have been accumulated for the first two cycles of a programmed instruction inservice training course recently purchased by Title I from Camelot Behavioral Systems. Materials for cycles III and IV should be ready within the next few weeks.

Plans at the present time are to involve all Title I staff, who are expected to finish the full four cycles. As an alternative to going through each of the units individually, it is possible to demonstrate proficiency over the material by taking an equivalency test over certain cycles.

The course includes selections and readings from the following: Carol Foster's "Development of Self-Control"; Larson and Bricker's "A Manual for Parents and Teachers of Severely and Moderately Retarded Children" composing Cycle I. Cycle II includes Whaley and Surratt's "Attitudes of Science"; Anderson et. al.'s "Behavior Modification Techniques for Teachers of the Developmentally Young"; Ray Foster's "Using Rate for Graphing"; Whaley and Malott's "Elementary Principles of Behavior"; readings from Ullman and Krasner, Kerr Meyerson and Michael's "A Procedure for Shaping Vocalizations in a Mute Child" and Ullman and Krasner, Patterson's "An Application of Conditioning Techniques of a Hyperactive Child".

Staff are asked to go to Steve Kanies' office in Cottage 14, take the pretest and/or proficiency test, then check out materials from necessary units. It will be attempted to schedule each person for one-half hour per day study time, and everyone will be expected to complete one Unit per week. More permanent schedules will be forthcoming.

THE SWEDISH ENVIRONMENTAL CONCEPT OF TREATING THE MENTALLY RETARDED

Based on an interview with Kari Nybo, former Title I employee who spent six weeks in southern Sweden as part of a special education summer course through the Univeristy of Georgia, and toured many Swedish institutions.

The principle by which the Swedish government handles the problems of their handicapped with regard to activation, normalization and integration is stated as follows: to promote, as far as possible, the activation of the handicapped, giving them every chance to develop their potentialities; to enable them to lead a life as close to normal conditions as possible; and to work for their integration in the general community, to the extent that is possible and reasonable.

The idea is to alleviate the segregating effects of residential institutions and special hospitals where the mentally retarded often spend most of their life. These people should instead be allowed to live a life as close as possible to the one a "normal" person lives. This means that a slimming-down plan must be incorporated into the large-scale living system of an institution. Using this small-scale principle, the Swedes have managed to create an environment far removed from what we in the United States know as an institution. According to Swedish policy, changing the environment will do the duty of changing the typical institutional behavior of their mentally retarded people.

Ms. Nybo found, without exception, that the contrasts between the institutions of Sweden and those like BRS&H were startling. The grounds of their institu-

tions resembled small, aesthetically pleasing gardens, tended and crimped to perfection. Flowers and plants grow in the yards of each cottage, and surrounding the cottages are shady patios, swimming pools and brightly painted playground equipment. The people explained that at one time (5-6 years ago) when these arrangements were first introduced, the residents spent time damaging them. But since the priority had been set (keeping things looking good) they were replaced as fast as they were destroyed. Few residents ever damage property now.

Each resident of the institution has his own room, or shares a room with one other person. He has his personal effects with him in his room - radio, TV, stereo, as well as his clothing. In color slides shown by Kari of rooms in Pilägnen, an institution located in Malmo, Sweden, the walls of the bedrooms were hung with brightly painted posters, a homemade quilt was flung over the bed and there was no indication that the room belonged to an institutionalized mentally retarded person. Dining areas were also designed along that personal, small scale note. Cloths covered the tables, and at each place a placemat and napkin was neatly arranged. No more than six people ate together at once, with a supervisor present to serve the meal. Other rooms were accented with plants, artwork done by the residents, brightly tiled or carpeted floors, and an overall airy, tasteful appearance. Not one piece of "institutional" metal furniture was in existence, but rather warm, wood pieces, in simple styles.

With regard to education, an act was passed in 1968 providing the right to education for each mentally retarded individual in Sweden. The act includes a preschool education, which a mentally retarded child may attend with normal level children. Special education is compulsory at the primary and secondary levels. Vocational training and training in living skills is also available. One training session Kari observed resembled our BEEP project, with a simulated home environment for teaching basic living skills to fourteen to twenty-one year olds.

Rehabilitation in Sweden is a primary goal. The parents of mentally retarded children are encouraged to keep their child at home and use the facilities available in the community. Otherwise, foster homes, group homes or hostels and boarding homes in which a child goes away to school and lives in another home during the week, then returns to his own home on weekends are examples of alternatives other than institutionalization. If he so desires, a mentally retarded person may, at the age of twenty-one, procure an apartment and live there by himself or with a mate. He has every opportunity

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to be hired onto a job as long as he has the necessary skill.

Kari made particular mention of the vast difference between the attitudes of the general public in Sweden regarding mental retardation compared with those attitudes in the U.S. The Swedes encourage and support the use of public facilities by the mentally retarded. The institutions of Sweden may scarcely be recognized from the rest of the town since the buildings composing them are indistinquishable from those in the regular residential areas. Being allowed to mingle more closely with the "normal" population could very well have a favorable effect on the behavior patterns of institutionalized people.

INFORMATION MEETING HELD ON COMMUNITY PROGRAMS FOR THE MENTALLY RETARDED

An Information Meeting on Community Programs for the Mentally Retarded took place Friday, September 13 in the House Chambers of the Capitol Building in Helena. The meeting was called for the purpose of allowing public comment concerning the general program of community services, assessing public opinion on community based services, and seeking involvement and support of key groups for community services.

The meeting was to address itself to the following questions:

1. What services for the mentally retarded can best by provided in the community?
2. What services can best be provided in an institutional setting?
3. What should be the role of existing institutions in the future?
4. What role should the state play in the provision of community services?
5. How will communities respond to challenges of providing services to the mentally retarded? How will communities respond to the mentally retarded?

Governor Thomas L. Judge addressed the well-filled chambers at the beginning of the meeting, stating the goals of the state on the care and treatment of the mentally retarded. He urged that it was essential to upgrade care facilities throughout the state in order to reduce the "warehousing" effect of institutional care. He also stated his desire to promote a favorable climate for state monies to be delegated toward this purpose.

Following this opening statement, a reaction panel made comments regarding the Governor's proposals. Dr. Leo A. Hamerlynck, newly appointed Mental Health and Mental Retardation Coordinator for Montana, discussed his views on the success or failure of discharged institutionalized individuals to integrate into society. He said that those who "made it" on the outside did so primarily as a result of one thing: they had a friend, a relative, a spouse, someone to whom they could turn. An advocate for each person is needed in the community. In addition, just because an institution cannot function as a life-support system for the mentally retarded doesn't mean the community automatically will fill the bill. Unless training and education is available in the community, the formerly institutionalized people will be unable to function successfully.

Another advocate for community education, Howard Rosen, Regional Developmental Disabilities Consultant, spoke of developing adequate community support services. Mr. Rosen also spoke for the cultivation of foster parents, adoptive parents, or natural parents to care for mentally retarded children rather than put them into group home situations. According to Mr. Rosen, mentally retarded adults can function quite successfully, with appropriate training, in apartment-style dwellings.

Gerald Butcher, Acting Superintendent for BRS&H, proposed that the institution as it now exists must change. According to Mr. Butcher, communities should provide the necessary services for the mentally retarded, while institutional settings could provide the diagnostic and research functions. He also feels that institutions could be useful as education mediums, where students could come with new methods and ideas, giving constant, energetic input. Mr. Butcher presently calls for heavier staff-to-resident ratios in order that the necessary programs may be carried out.

Senator Zody, president of the Montana Association for Retarded Citizens, agreed that with proper planning, the mentally retarded should be returned to the community. He said that group homes should be considered, being careful that they are kept within proper bounds to prevent falling into an institutional model.

A question and answer session followed the panel input, with persons in the audience responding to items brought up by the panel, and to the original proposals. The afternoon portion of the day's program brought up more personal viewpoints. The group was broken down into smaller sections, and subjects such as the apportionment of state monies toward services for the handicapped were actively discussed and debated.

This was the first of possibly several such meetings designed to examine the directions the state should take in the care and servicing of the mentally retarded.

TOYS FOR THE RETARDED: WHERE ARE THEY?

At the Mansfield Training School for the Mentally Retarded, training director Louis Boly initiated an idea by which toys for profoundly and severely retarded children could be tested by the kids themselves. His findings were of considerable interest, especially in view of the problems we at Boulder River School and Hospital, or more specifically, in Unit 5, are finding with regard to toys for the residents.

Mr. Boly held a toy contest, complete with a variety of toys designed by interested parties specifically for mentally retarded tots. The general market, as many workers with the retarded have woefully discovered, simply does not carry a toy durable or interesting enough with which these special children can play. According to the companies, it is commercially unprofitable for them to provide a line of well-built toys capable of withstanding the wear encountered in an institutional setting. If more people like Mr. Boly gave the problem special consideration, it could be solved.

The judges were the profoundly and severely retarded kids, who by their expressed physical interest in a certain toy, voted for it. Two of the models submitted were declared winners after the kids either wouldn't get off it, or spent a large amount of time fascinated with it. The toy they refused to get off was designed by James Catalano of Berlin, who made a flying saucer that rocked and held a large number of children at one time safely. The other was a jumping bead toy composed of a multitude of beads that jumped when the child rubbed the box container. Static electricity from the rubbing hand caused the beads to bounce about wildly. This toy was designed by Pamela Benjamin of Middletown, Connecticut.

Conclusions from the contest were that mentally retarded children are especially interested in toys that combine color, form, movement and sound, resulting in a wide range of stimulation that will ultimately hold their attention. The school is offering the design of the winning toys to interested schools or individuals. They suggest that in the case of institutions, the handicapped and moderately retarded could assemble the toys for the severely and profoundly retarded children. This way, the toys benefit both those who make them and those who play with them.

THE BOULDER BEHAVIORIST SUPPLEMENT

Vol. I, No. 2
September 30, 1974

Boulder River School and Hospital
Boulder, Montana 59632

Swedish Mental Health Approaches: Institutions, Government, Education, Philosophy

Many of us have probably visited or seen institutions in different parts of the United States - state institutions, private ones, institutions that are bad, better, poorly staffed, impoverished as far as programming for the residents, lacking in money and manpower. For the most part, no institution can be termed as 'good'. Comparisons are more interesting, however, when they occur across countries rather than across states. A former employee under Title I at Boulder River School and Hospital recently returned from visiting institutions in Sweden. What she saw there, and how it can be compared with BRS&H provides an interesting chapter in the view of mental retardation - its impact, and its future.

Normalization

According to Karl Grunewald, M.D., head of the Swedish Division for Mental Retardation, National Board of Health and Welfare, normalization is the basic aim in the field of training the mentally retarded of Sweden. The term normalization implies that the full mental and physical capabilities of the mentally retarded person should be developed to their fullest in order to make his handicap less pronounced. In the meantime, the mentally retarded person possesses every right and obligation possible in his daily life. In dealing with the mentally retarded, the spotlight is on integration. This means coordinating the services and needs of the mentally retarded with all social agencies in order that he receives his due along with every other element of society. This contradicts the long-standing isolation policy taken with the care of the mentally retarded in the United States.

Dr. Grunewald composed a number of items that should be considered in dealing with a population of mentally retarded people. They are as follows:

1) The mentally retarded should live in small groups, not unlike a family situation, and he should have his own room.

2) The mentally retarded should be able to live in a bi-sexual world.

3) The mentally retarded should be able to experience normal daily life.

4) The mentally retarded should be able to eat in small groups, with his meat and drink on the table.

5) The mentally retarded should be able to work in an environment different from where he lives.

6) The mentally retarded should be able to choose between different ways of spending his free time.

7) The mentally retarded should be able to follow pursuits designed to suit him and be differentiated with the time of year.

8) The mentally retarded should be able to live in an environment that is

adjusted to his proper age.

9) The mentally retarded young people should have a chance to try adult activities and forms of life, and detach from their parents.

Institutions

Institutions, according to Dr. Grunewald, as long as they must exist, should also follow guidelines such as: organize on the principle of "small groups"; reduce collective facilities to a minimum; be situated within the community; be no larger than what can be assimulated in the surrounding community; develop social contracts within and without; offer the residents alternatives for weekend and holiday places to go; work and cooperate with relatives of the retarded.

Sweden's institutions are unique in that they are the culmination of county tax monies, decentralized from the national government. There are 24 counties in Sweden, each of which is responsible for taking in its own taxes for health services. From the total county budget, 8% goes into the funding of services for the retarded. Under this, all services for the mentally retarded, whether they are institutionalized or living at home, are provided free of charge. The government extends central governing for mentally retarded persons under the Ministry of Social Affairs and the National Board of Health and Welfare, and the National Board of Education. These boards deal with controlling, planning and setting quality baselines for county level jurisdiction. The County Councils in charge of county funds are funded 57% by local tax monies, 13% by state taxes. Services rendered by the county to the mentally retarded include public dental care, children's homes, vocational training, rehabilitation and all provisions and services for the mentally retarded.

Government

Certain acts have been of special importance in deciding the fate of the mentally retarded. The Act on Provisions for Mentally Retarded Persons broadened services to provide not only nursing and teaching, but social service areas, counselling and day activities. The Board of Provisions and Services to the Mentally Retarded ensures that the mentally retarded in County Council areas are given all necessary services and plans are made to provide for those which are necessary, but not available. A Decisions Committee, headed by a qualified lawyer, considers matter of commitment, discharge and leave of absence from the institutions.

The Swedish National Association for Retarded Children, established in 1956, is a store-house of information for parents of mentally retarded children. It also acts as the pressure cooker for politically centered problems that directly affect or involve the mentally retarded. This association also developed 'toy libraries' for the parents of children under school age, where different toys may be found, as well as information concerning the difficulties children experience manuevering certain toys.

Sweden also has a group of national conferences, organized for the mentally retarded to meet formally for the purpose of discussing and planning demands and desires, thus giving them a voice in the political, social and economic structure of the country. Self-expression, a norm for other citizens, is thus in a small manner, provided for the mentally retarded.

3...Swedish Institutions

Education

Of the total Swedish population, .43% are known to be mentally retarded. Most are known or accounted for once they reach school age, when they are in need of special care. Special education classes are compulsory for educable, trainable and very profound cases of mental retardation. Borderline cases are not treated specially, but integrated in normal classrooms where it is believed they receive the most appropriate education. Swedes believe that at least some training progress is possible with everyone. Individual instruction is given 5 hours per day, and all members of a family are worked with in order to provide the mentally retarded person maximum, efficient care. The biggest problem is getting to everyone. Many of the people of Sweden remain unaware of all the services open to them. Without appropriate instructional materials, many would be placed in institutions rather than allowed to remain in a regular classroom or at home.

Training should ideally begin at the earliest age possible. Up to the age of 7, nurseries and pre-schools presently teach 1300 youngsters, of which 67% are living with their parents, 20% are living in residential facilities and 12% are in boarding schools. According to Dr. Grunewald, "kindergarten should be a mirror of our society." In other words, children of pre-school age should be exposed to their counterparts, not just other normal children, but the handicapped and disabled children as well. Such exposure is healthy and promotes more understanding of human problems. Special care is also taken in Sweden to consider the needs of the handicapped. The Building Code, passed in 1966 and amended in 1971, states that all new public buildings and those being reconstructed must be designed to make them accessible and usable by persons whose motor abilities or abilities to orientate are restricted by age, disability or sickness.

Special education is compulsory for all children 7-21. At present, 9,400 children and young adults receive training in special classes, and an additional 1,700 receive training on a separate basis, with 5 lessons per week. Classes are composed of 3-6 students, with a teacher, assistant resource teacher, and a speech therapist for each group. Vocational and/or work training is also available for the mentally retarded person. Vocational training includes complete instruction in certain occupations, while work training provides a general working skill or ability over a wider work area. Vocational training emphasizes the training of individual living skills, since data has indicated that a lack of social adaptation rather than a lack of work skills, often results in poor work performance. Sheltered workshops are located throughout Sweden, allowing mentally retarded persons to produce at a rate somewhat lower than normal work-facilities. They receive minimum wages - $2.75 per hour - to produce 30% of a normal working load.

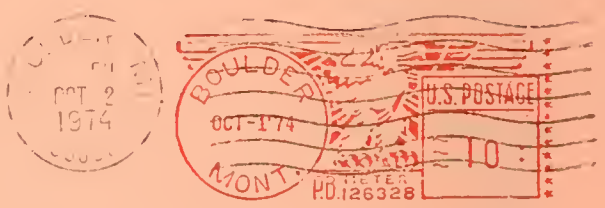
Philosophy

Philosophically, the Swedes have adopted an honest approach with their mentally retarded citizens. They believe in exposing the mentally retarded at an early age to the public, which is what they consider the best education possible for both populations. Many of the nation's pre-school and kindergarten classrooms are integrated with normal and mentally retarded children. They also believe in telling the child early that he is mentally retarded, and that he won't be able to do things as well or as quickly as a normal person might. They tell him that as long as he continues to try he'll achieve the goals he wants, so long as these goals are within reason. They believe this approach avoids much of the frustration that the mentally retarded have to deal with in their lifetime. By telling him his limits and allowing him to understand those limits, he'll establish a realization that won't hinder him, nor discourage him in life.

4...Swedish Institutions

Their method of approaching the training of the mentally retarded is through a form of behavior modification. Teachers train by observing the details of a behavior, and emphasizing positive reinforcement. The emphasis is mainly on individual training. Their techniques are the means by which to accomplish the goals of a group, but the technique must be flexible enough to change for the individual whose steps may be at a different rate. Techniques are the means not the goals. The Swedes therefore tailor training programs to meet the needs of the individual.

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Vol. II, No. 8 July 15, 1974

A REINFORCING TRIP TO YELLOWSTO[redacted]

by Jan Mackey, BMT

Pat Murry, AC I, and Mary Bennetts, AC II, are to be commended for providing strong reinforcement for five residents of Cottage 9 who worked hard during the strike. Using the money the residents earned during the strike, a 3-day trip was financed through Yellowstone Park, Virginia City and the Lewis and Clark Caverns.

The trip served a dual purpose: 1) to provide reinforcement for working hard during the strike, and 2) to further train the residents in appropriate community behavior.

An effort was made to provide activities for the residents that would not only be enjoyable, but would facilitate training in a variety of community settings. The residents were guided to choose their own food, groom themselves appropriately, attend a movie and a play, choose and purchase clothing articles, operate a gas pump, and play games such as air hockey. Each of these activities were carried out with as minimal prompting as necessary.

Parental permission was obtained in advance, and all parents encourage and supported the trip. Activities such as this are valuable in facilitating normalization for institutionalized persons, and are reinforcing for the AC's as well as the residents.

TITLE I COMMUNITY INTERVENTION PROGRAM

by Richard P. Swenson, Ph.D., Director, Title I and Nancy O'Hara, Community Coordinator

The following report is based on a presentation given by Richard Swenson at the 1974 meeting of the Rocky Mountain Psychological Association. Dr. Swenson participated in a symposium of behavioral parenting programs. Chairman of the symposium was Dr. Leo A. Hamerlynck, and Dr. Martha Bernal, of Denver University, served as a discussant.

The community intervention program is a part of the Title I Project aimed primarily at insuring that training programs initiated by the Title I staff at Boulder River School and Hospital are continued when a resident is placed with his or her natural or foster parents. In addition, we provide services to parents who bring their retarded children to BRS&H on an outpatient evaluation basis.

Contact Procedures

Most of our cases are obtained through the out-patient evaluation procedure. Other sources of contact include "placed" residents' families who might be having problems, agencies in the community, and, of course, BRS&H residents when they are replaced into the community. Once contact is made, the procedure generally involved an initial interview with the parents for the purpose of defining the problem or problems as well as providing them with written material on the general procedures involved in behavior training and management. This interview is then followed up with a letter which describes very explicitely the procedures to be used in the program to be implemented. Once this is done, we monitor the progress of the programs by telephone calls and home visits. Due to the long distances typically involved (as a function of the largeness of Montana), telephone calls are the primary mode of contact. Our community coordinator, Ms. Nancy O'Hara, usually telephones parents about every two weeks and asks them certain standard questions

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aimed at assessing the progress of the program. Often programs are modified over the phone. Home visits are made whenever feasible as this is obviously the most efficient way to gain information about a program and to determine whether the program is being implemented properly.

Results of the past twelve months

For the purpose of this report, we have compiled data on the activities of our home intervention program during the period from May 1, 1973 to April 30, 1974. During this 12-month period we contacted 33 clients and established actual programs with 26. For these 26 clients, 31 programs were implemented. Table I shows a breakdown of the types and frequencies of established programs. As can be seen, toileting and maladaptive programs were more frequent. "Token economy" refers to programs using the Home Token Economy Program developed by Jack Alvord (Research Press).

Program success is difficult to define. We had to rely primarily on parental report to determine this. One definition for calling a program successful was when the parents reported that the child's behavior had been modified to their satisfaction in the direction of the target behavior. We did attempt through careful questioning whether the program had indeed been successful or whether the parents simply wanted to tell us what they felt we wanted to hear.

Table 2 shows how many programs were successful, how many were unsuccessful, how many programs were terminated because the parents moved, and how many are still active. Eliminating active programs and those in which the parents moved, we have been successful in about 45% of the programs. Of these programs, the token economy and star chart programs were most successful (100% for token economy; 50% for star chart).

Reasons for unsuccessful programs are easy to account for in some cases; for example, the child being admitted to the institution or the family requesting discontinuation of services. In other cases it was imposible to determine, but we suspect that in some situations the program wasn't "right" and in others we felt the family situation in general was so bad that non-success was virtually insured from the beginning.

Probably the two greatest problems associated with this kind of effort are the long distances involved between the institution and the home and the fact that in most cases, we do not get the referral until the situation is critical-which greatly lowers the probability of success. Both problems could probably best be solved by the establishment of community-based operations which would allow more frequent home visitation and, hopefully, early intervention.

Table 1 - Types of Programs Established

Program Type	Frequency
Toileting	11
Compliance	4
Feeding	2
Token Economy	4
Star Chart	2
Maladaptive	8
Total	31

Table 2 - Program Success

Active Programs	6
Successful - Goals Reached	10
Unsuccessful	12
Parents Moved	3
Total	31

REORGANIZATION DATE SET

by Ron Langworthy, Assistant Director, Title I

On July 17th approximately 330 residents will be moved to different cottages. This move will culminate several months of planning to change from a system of organization that groups residents according to geographic areas, to a system of grouping according to sex and habilitative need.

According to Richard Heard, the Bureau Chief of the Bureau of Residential Services, the reorganization plan was developed for two primary reasons:
1. "To provide the residents with the same or similar training needs a living area together so the staff of that area can better meet the training needs. The staff will not have to be as diversified as our present system dictates.
2. "To allow the staff some flexibility in being able to best meet the training needs of newly admitted residents. Our present system does not allow this."

To Determine each resident's training needs, Sanford Hostetter, BRS&H Research Analyst, distributed checklists based on the AAMD Adaptive Behavior Scale (Nihira, et.al.) to employees who work directly with the residents. From this information three levels of deficiency were determined. Level one (N= 95) residents are deficient in the three basic skills of toileting, dressing and feeding. Level two (N= 175) residents are deficient in secondary skills such as toothbrushing, bathing, and grooming. Level three (N= 159) residents are deficient in community and communication skills such as money handling, telephone use and time telling.

Residents were first grouped according to sex. This was necessary primarily because existing building structures do not allow the privacy of bathroom use desired. Then a largely successful effort was made to house residents of similar deficiency levels together. The resulting reorganization plan, while not completely satisfactory to all groups having input, seems to be acceptable to nearly everyone, and certainly represents an improvement over the present system in terms of its responsiveness to the needs of the resident. The plan does allow for BRS&H to close for resident living the two oldest cottages (one built in 1908 and the other in 1920) and one remodeled cottage will be opened.

This reorganization plan will also involve reorganization of the school and of Title I services. Title I will take over supervision of Unit V which includes cottages 12, 13, 14 and 15. Thus the Skill Acquisition Cottage (Cottage 15) will remain intact with a few minor changes, and will provide a model for the other three cottages to be under Title I supervision. More detail on the new Unit V and the school, both vital to Title I, will appear in the next issue of the BB.

MEMORIAL FUND DONATED TO TITLE I

A fund of $225 in memory of A. A. Michels has been donated to the Title I behavior modification program by Raenel R. Michels. Two uses for this money have been decided upon by Title I staff: 1) to buy materials for the construction of a "clown face" stimulus apparatus requested by Jan Hulme of the Physical Therapy program, and 2) to make funds available to provide cash reinforcers for high functioning residents.

The "clown face" will be used to present visual and auditory stimulation to non-ambulatory residents as contingent reinforcement for various gross motor responses. The apparatus will include a variable interval programmer to allow for scheduling of reinforcement. The advantages of using such an apparatus to deliver reinforcement are that the reinforcement will be immediate, and that the correct or adequate response can be defined within the apparatus itself. For instance, to develop certain muscles, a lever, rope and pulley arrangement could be wired to the apparatus such that the resident

would have to exert X amount of pressure on the lever in order to receive reinforcement.

The Title I staff wishes to extend its sencere appreciation to Raenel Michels for this donation.

THE UNIVERSITY OF WASHINGTON EXPERIMENTAL SCHOOL
by Walt Williams, Training Supervisor

Title I School Training Supervisor Walt Williams viewed programs being conducted at the University of Washington Experimental School in Seattle during a visit June 3 and 4. His synopsis of their model programs for preventive education follows.

The University of Washington Experimental School emphasizes the development of a structured learning environment which coincides with teacher and parent training programs. This feature helps make the Experimental School one of the most progressive centers for the training of the retarded.

There are separate and distinct preschools existing within the Experimental School, including 1) a preschool for the multiply handicapped, 2) a preschool for the potentially normal child, and 3) a preschool for Down's Syndrome children.

Of the three, the Down's Syndrome preschool is most developed. These children do not exhibit the stereotypic behaviors and overweight conditions of their institutionalized counterparts. This can be attributed to the positive effects of a structured learning environment and proper home care. Down's Syndrome children begin training at the age of five weeks, with greatest attention given to the training of necessary developmental skills and intensive parent training programs.

The Down's Syndrome preschools are comprised of three divisions: an Early Preschool program for children between eighteen months and three years of age; an Advanced Preschool designed for three and four-year-olds; and a Kindergarten program for the five-year-old children.

As the children progress, programs are built upward to accommodate them. Next year a first grade will be added for the children presently enrolled in the Kindergarten program. Planners envision future programs that will provide training for children from birth through age 21.

MEET NEW TITLE I PERSONALITIES

From Grand Rapids, Michigan, new BMT Jim Burgess comes to BRS&H with a BA in biopsychology and experience as a research lab assistant working on basic research in human learning and behavior. Jim is a 1973 graduate of Grand Valley State College in Allendale, Michigan, and will work in Cottage 15 after reorganization.

Patricia Dion graduated this June from the University of Montana, holding a BA in psychology. She will work as a BMT in Cottage 14.

Joining Title I from Brookings, South Dakota is BMT Curt Hesla. Curt graduated from South Dakota State University in 1972 with a BS in psychology and zoology, and in 1973 earned his MS in zoology. He will work in Cottage 12.

Jane Kaser, from Chesaning, Michigan, graduated from Western Michigan University in 1973 with a BS in psychology and a secondary teaching certificate. Jane was a substitute teacher before arriving at BRS&H. She will be engaged as a BMT in Cottage 14.

Sue Maloney will be serving as the new Coordinator of Information Dissemination for Title I. Sue received her Bachelor's degree in journalism in 1972 from Northern Illinois University, and worked as editor of a company newspaper in Chicago before coming to BRS&H.

Another Illinoisan, Ted Maloney, is filling

the position of Community Coordinator. Ted graduated from Western Illinois University in 1971 with a BA in sociology. He has had three years of working experience in behavior modification with mentally retarded persons at the North Aurora Center in North Aurora, Illinois, and the Dixon State School in Dixon, Illinois.

ETHICAL-MORAL ISSUES SEMINAR HELD

Incorporated within the Genetics Seminar which took place at the BRS&H school gymnasium Monday and Tuesday, July 1 and 2, was a seminar on Ethical-Moral Issues in Mental Retardation, Wednesday, July 3. The seminar was preceded by the viewing of the film "Who Shall Live", the actual case history of a Down's Syndrome child born with a closure of the bowel. The infant's parents refused corrective surgery, and the infact died. Following the film, ethical and moral issues involved in the nature of this decision were aired.

Different points of view were featured, including those held by BRS&H staff, doctors and legal attorneys. Jim Ellis, a lawyer who is a member of a social action group in Washington D.C. that is attempting to reform social law, (the Mental Health Law Project), brought up a number of legal thoughts pertaining to the rights of the mentally retarded. The right to humane treatment, to voluntary commitment, to least restrictive alternative and to the theory of "zero reject" were discussed by Mr. Ellis.

With regard to right of treatment, two cases have set precedents - the Partlow case in Alabama and the Willowbrook case in New York. According to what was ruled in these cases, as long as the states wish to use their power to hold a person 'for his own good', the states must either guarantee the humane treatment of that person, or else let him go.

Cases involving the procedures of voluntary versus involuntary commitment to institutions show that most state laws violate due process. Often, commitment of a mentally retarded person is done by a parent or guardian, depriving that person of any protection by law. The doctrine evolving to rectify this situation is that of the least restrictive alternative. This ruling places the responsibility onto the state, forcing it to prove that there was no reasonable alternative other than placing the retarded person into the institution.

Education is another area in which the retarded person's rights are violated by society. The theory of "zero reject" claims that every child has the right to be educated to some degree, and is entitled to the training that will achieve his highest potential.

NEWS AND NOTES

Workshops

Intensive Behavior Modification Workshops are scheduled to be held at the following locations:

Texas, October 16 through 19, 1974
Toronto, November 20 through 23, 1974
Denver, December 4 through 7, 1974
San Francisco, January 8 through 11, 1974

For further information, contact Joan F. Bassinger, M.D., P. O. Box 597, Libertyville, Illinois 60048, or call 312-367-0606.

PPM

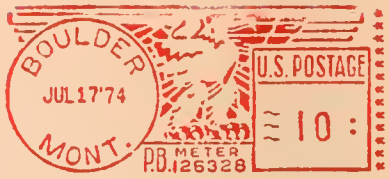
The Program Procedures Manual, third edition, is available in quantity at a cost of $3 per manual to cover publication and mailing expenses. For BRS&H employees there is no charge. The PPM contains detailed procedures for carrying out most basic self-help skill programs, including dressing, feeding and toilet training.

Since this manual is constantly being revised, we would appreciate receiving any comments or criticism trainers have. A number of weaknesses have already been pointed out, and the next edition will contain some major changes as a result.

The manual may be obtained by writing to Ron Langworthy at BRS&H. Make checks payable to Boulder River School and Hospital.

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Vol. II, No. 7 Boulder River School and Hospital Boulder, Montana 59632 June 3, 1974

JIMMY R.: BEEP'S SHINING [illegible]

When Jimmy R. of Cottage 2 entered the Boulder Environmental Enrichment Program (BEEP) this April 3, he was described by his teacher Angie Kaufman as being bored with class and, "if he couldn't do a task, he would become frustrated and just sit and stare." His social worker Shirley Frisch noted that Jimmy used to hang his head and walk by her without speaking.

Only six weeks later the BEEP staff describes him as sociable and a very rapid learner. Ms. Frisch notes that he now stops and talks to her more frequently. Twenty year old Jimmy learned how to tell time in three weeks and has bought himself a wrist watch with the money he had saved in BEEP's bank. He earned the money for the watch by receiving points for specified behaviors in BEEP. AC I Gladys Frank reports that Jimmy is quite proud of his new watch.

Besides learning to tell time, Jimmy has graduated from ten other programs in this short time. He has learned how to wash and dry white and colored clothes, how to patch clothing, shop for his clothing size, iron shirts and pants, set the temperature on a stove and oven, dial a telephone, use a pay telephone, and make long distance collect phone calls. These skills involve 92 step graduations.

BMT Kari Nybo notes that Jimmy is so eager to learn that he watches intently when trainers model a skill and often memorizes their performance.

Jimmy's newest love is learning to write. Upon entering BEEP, he could only write his name. Although he has since received no formal instruction in writing, he spends his spare time in BEEP practicing the letters of the alphabet and simple sentences to perfect his form. The BEEP staff members are anxious to get Jimmy started in a systematic reading and writing program.

The trainers in BEEP report that Jimmy interacts well with them and the other residents at BEEP. He has never been a problem and is the only resident to consistently earn enough points during the week to be able to attend BEEP's Friday afternoon special activity. This means that Jimmy consistently earns points for such things as coming to BEEP on time, being well groomed, being courteous and completing his daily household task assignment.

Jimmy also excels as an athlete, having won many ribbons for track events. He is a conscientious worker for the shop crew who have obviously provided good guidance for him.

Jimmy R.'s success in so many areas has been an extremely reinforcing experience for the BEEP staff who feel their primary contribution has been simply to structure the learning process for Jimmy in such a way as to maximize progress.

NON-AMB STAFF TO BE COMMENDED

by Margaret Douglas, BMS

The staff from Unit VI recently held a special meeting in order to come up with a consistent approach for dealing with Vicki S.'s problem behaviors of food-stealing, tray-throwing and inappropriate clothes removal. The result of the staffing was a program whereby Vicki is to be systematically reinforced (with

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graham crackers and extra portions of the meal) for not stealing and throwing her tray, and immediately removed from the dining area when these behaviors do occur. The amount of time Vicki spends wearing clothes and the number of articles worn are to be increased through the use of shaping techniques and by contingent application of positive reinforcement. Initially, Vicki must wear at least a t-shirt and underpants during all meals, recreation sessions, etc.

AC I's Margaret Bortko, Joan Van Dynhoven and Punchy Redensek and AC III Vivian Skogan are to be particularly commended for their enthusiastic efforts in carrying out Vicki's program thus far. Achieving consistency in program implementation in non-amb is particularly difficult because so much staff energy is required to handle medical, custodial and physical needs.

THE NITTY-GRITTIES OF MAINTENANCE

BMT Jan Mackay, who recently assumed responsibility for maintaining past program graduations, has discovered several weaknesses in our present training system. Upon making systematic maintenance checks, she has found that residents who have graduated from specific training programs frequently performed the skill at a minimal level, didn't generalize to new trainers, and still required much reinforcement to complete the components of the skill. For example, she has found graduates of buttoning programs able to button only on a dressing board (as opposed to the actual article of clothing) and people who can lace their shoe only if the shoe is off their foot. She concludes from this that program graduation criteria should be more rigorous and programs should incorporate a systematic design for fading reinforcement and prompts and generalizing the skill to new trainers.

Jan is therefore in the process of rewriting programs so that the terminal behavior in each is the highest level of the skill. The new programs will also include systematic schedules for fading out primary and secondary reinforcers, strategies for generalizing the skill to typical cottage routines of attendants and to gradually decrease the number of training sessions conducted. With these additions to program design, Jan anticipates much stronger skill maintenance.

Jan typically devotes three hours daily to conducting maintenance checks. She typically socializes with the resident for five minutes prior to the check so they can become acquainted. She then tests the skill by taking a regular baseline. If the resident is unable to complete the entire behavior chain, he is reprogrammed on the skill at the lowest deficient step.

Jan has had to determine her priorities for maintenance checks since there have been approximately 220 program graduations in the past 3 1/2 years. Her first priorities are recent graduates from BEEP and Cottage Life programs. Her schedule for conducting checks after graduation is once every two weeks for one month, every three months thereafter for one year, and every six months for the following year.

The area of maintenance is revealing itself to be of the utmost importance because, in a sense, training a skill is a waste of time if the skill is later lost. Training programs must be designed such that they facilitate maintenance. This design must be an integral part of all programs and Attendant Counselors must be trained to provide maintenance for skills residents have learned. Hopefully, people will also be trained to gradually decrease the frequency of social reinforcement to prevent the skill extinction that usually occurs if a resident is switched from a continuous reinforcement schedule to none at all. Ideally, a skill should be maintained on a lean schedule of social reinforcement.

Jan looks forward to a regrouping of residents according to habilitative or functioning level because maintenance of

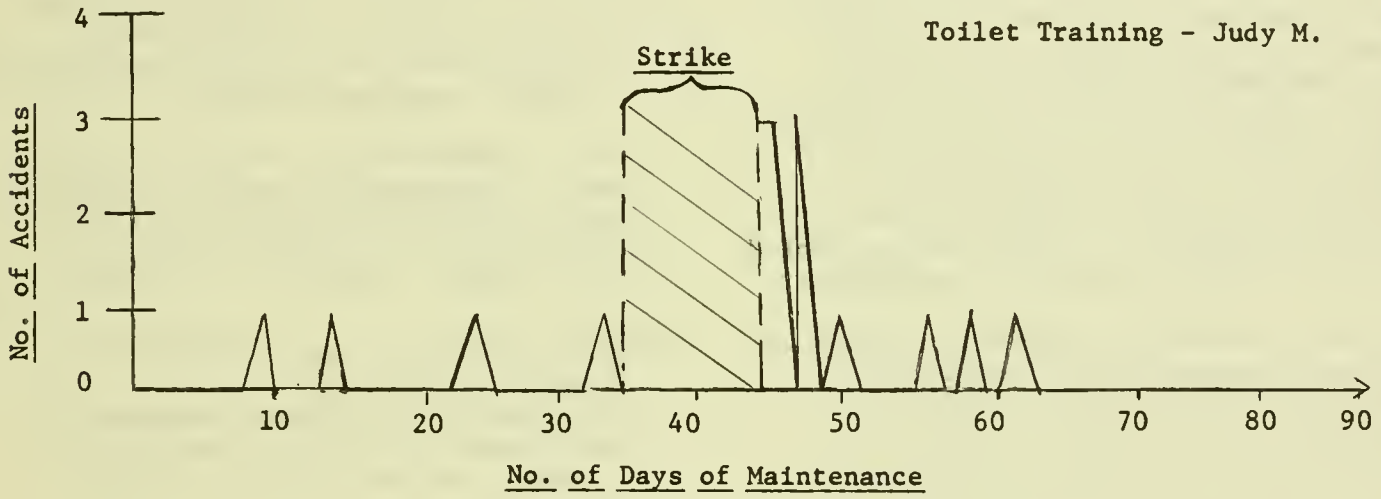
skills should be an easier process. When residents who have mastered the same skills live together, the cottage staff will know which skills to require of all the residents. Jan also hopes to initiate a pilot project to determine the minimum schedule of reinforcement needed to maintain day to day performance of various skills. This will, of course, depend greatly on the skill and the individual resident involved.

FIRST ITT GRADUATE
by Tom Seekins, BMT

The data for the maintenance phase of the intensive toilet training program which has been conducted in Cottage 14 now indicates that Judy M. has graduated. She is the first person to have graduated from the Cottage 14 program with an impressive string of 28 days without an accident.

There are still three residents who remain in maintenance: Charlotte C., Kathy K. and Nancy E. Of these three, Kathy K. seems to be making the most progress and hope runs high that she will also graduate soon.

Following is a graph of Judy M.'s accidents during the maintenance phase of the toileting program.



THOMPSON AND SIVERTS PRESENT PAPERS

At the 1974 Annual Meeting of the Montana Psychological Association May 2 - 4 in Bozeman, two Title I staff members presented papers. Program Evaluator Marion Thompson discussed "Centralized Data Analysis: A Systematic Approach to Program Evaluation," a topic which Thompson described in the B.B., Vol. II, No. 5. Some results of the centralized data system are reported in this issue.

George Siverts discussed "Attendant Counselor Attitudes Toward 'Training' versus 'Custodialism'", a subject also featured in the B.B., Vol. II, No. 5. Siverts' paper was based on results from a recent questionnaire administered to Attendent Counselor staff at BRS&H. Copies of both papers can be obtained on request from the authors.

EXTENSION COURSE OFFERED AT BRS&H

Dr. Richard Swenson is currently teaching an extension course called "The Experimental Psychology of Mental Retardation." Six people are enrolled in the class which meets two hours each week. Class activities include study of learning processes of the retarded, with emphasis on how research in experimental psychology can contribute to an understanding of the retarded person's difficulties in a learning situation.

The course is worth two credits, either graduate or undergraduate, and is being offered through the University of Montana Extension Service.

TITLE I RECRUITMENT DATA EXAMINED

by Ron Langworthy, M.A.
Assistant Director, Title I

In the past eight months Title I has hired 23 people, including 19 Bachelor's level and four Master's level employees. Nine of these people were from out of state and six of the nine from Michigan.

Eight months ago, when Title I was faced with a number of unfilled positions, the recruitment process was stepped up. Twenty-five college and university placement centers were contacted. Since then we have received about 50 applications which have been considered for job openings. Considering that 23 positions have been filled in Title I during this eight month period, 50 is a small number of applicants, especially since Boulder lies in a beautiful, mountainous area and the salaries are reasonably competitive.

One favorable development is that in these eight months applicants have generally been more qualified than previous applicants. For instance, in the past we often hired B.A. level psychology majors with no previous experience and little knowledge of behavior modification techniques. However, on the basis of current applications, it appears that most persons hired in the future will have had experience in the field.

Currently we have two positions open. One is a BMT position, requiring a Bachelor's degree in psychology and experience in or knowledge of the use of behavior modification techniques. The BMT salary range is $672-$728 per month, depending on experience. The other opening is the Information Dissemination position, the principal duty of which is editing and writing this newsletter. The requirements are a Bachlor's degree in psychology or journalism, experience in the use of behavior modification techniques with the mentally retarded, and excellent writing ability. The salary range is $728-$788 per month. As many as four more BMT positions may open within the next three months.

TRAINING DATA SUMMARIZED

The Data Analysis Lab is now regularly receiving computer printouts from the University of Montana. These printouts provide summarized feedback on training by the Title I, school and recreation programs. There has been a considerable time lag in the receipt of data summaries because the system is still in the developmental stages. The Data Analysis Lab is in the process of changing the data format and converting to a Helena computer, which will provide capabilities for almost immediate feedback.

Data is summarized by project or department. Following is an actual example of such a summary made for the Skill Acquisition Cottage (SAC) during the period April 1 - 12:

Number of programs given to all residents = 88
Total number of different programs = 29
Total number of different residents taking programs = 20

Total sessions scheduled = 1259
Total sessions completed = 634
Percent sessions completed = 50%

Interruptions
- Resident related = 36
- Trainer related = 410
- Unaccounted for = 188
- Percent of total interruptions unaccounted for = 10%

Total training time = 88 hours

The printout goes on to list each type of program in progress during that period and a summary of the residents enrolled in each program. This section is followed by a summary of all residents receiving programs and what the programs are.

Following is a summary of the kind of feedback the Data Analysis Lab has been providing the project areas on a biweekly basis. This information depicts Title I training for the first five reporting periods.

	2/4-2/15	2/18-3/1	3/4-3/15	3/18-3/29	4/1-4/12
Number of programs	136	135	122	136	151
Residents served	53	51	44	49	57
Hours of training	203	163	94	67	166
Sessions scheduled	1901	1854	1538	2011	1978
Sessions completed	1267	1080	701	549	1210
Percent completed	67%	58%	46%	27%	61%
Resident interruptions	39	77	73	89	67
Trainer interruptions	333	451	636	969	500
Unaccountable	262	246	201	404	201
Programs in progress					
Toilet training	8	6	0	0	0
Dressing	46	45	46	35	42
Eating	12	18	15	19	21
Cleanliness	20	19	21	19	18
Sensory Motor	4	5	2	4	4
Prevocational	6	3	3	5	8
Secondary dressing	22	21	26	19	20
Language development	6	8	7	18	14
Maintenance	12	10	2	7	24

Data from the Boulder Environmental Enrichment Program are not included since these programs are still in the developmental stage. The marked decrease in training output during the third and fourth biweekly reporting periods is due primarily to the union strike and a trainer vacancy.

One disconcerting indication of these data is the high number of trainer-related program interruptions that have occurred. Many of them are due to trainer illness, attending annual evaluations, and inservice training classes. There also exists the possibility that trainers have unrealistically heavy schedules. It seems clear however, that trainer-related interruptions must be reduced.

Reductions in the scheduling of sessions have been implemented recently and the results of these alterations should become evident as more recent printouts arrive. In any case, without progress measures to correlate with the preceding information, we won't know how well each of the figures indicates a successful or unsuccessful program.

Progress measures and detailed trainer summaries will be available when the necessary computer programs are worked out. When the system is sufficiently refined, the program section of the printout should look something like this:

Resident = Millen, John 505

Program	# Interrupts	Trainer	Step Graduations	Progress
Dressing	3	A.B.	0	+10
Eating	6	D.T.	2	+20

The progress measure is the algebraic sum of successive differences in percent correct for all the training sessions in the reporting period. For example, if during a reporting period, 5 sessions were conducted on a dressing program and the percent correct scores were: 20, 40, 60, 40, and 50, the sum of successive differences would be +30:

Session	% Correct responses			Differences
1	20%		20	
		+20		+20
2	40%		40	
				+20
3	60%		60	
		-20		-20
4	40%		40	
				+10
5	50%		50	+30

The advantage of a measure of this type is that it allows us to estimate program progress in the absence of step graduations. When a step graduation does occur, however, the difference between the last session of the previous step and the first session of the new step is disregarded.

Detailed trainer summaries will probably look something like this:

Trainer = Hill, Jane

Number of programs = 15
Number of sessions scheduled = 230
Number of sessions completed = 180
Percent of scheduled sessions completed = 65%

Interruptions = 25
Resident related = 6
Trainer related = 14
Unaccounted for = 5

Training time = 3.7 hours
X progress = +30
S.D. progress = 10

The mean and standard deviation of program progress is calculated from all the programs the trainer is involved in. In the event that more than one trainer is involved in a single program, each trainer will get credit individually for the progress of the whole program.

The benefits of this system of comprehensive data analysis are many. It is simple to use, economical and objective, all of which make it a feasible system for a variety of training settings. These factors are particularly important during a time when cost-benefit analyses are becoming increasingly important in federally funded programs.

SWENSON GIVEN APPRECIATION PARTY

The April 24th meeting of the Montana AABT at the Diamond S was interrupted by its participants who surprised Richard Swenson with a long planned appreciation party. Dr. Swenson was presented a scroll which contained appreciation poems written by Title I staff. The party also featured free drinks, entertainment by a well wishing, anonymous jugband and a seven verse serenade composed and delivered by Title I staff.

Following is a sample of one of the poems written by a Title I staff member:

one day in june
he came to bloom
in a place called boulder

never did he dream
of the trials that would smoulder
in that wondrous valley.

"dr. swenson, this girl's a wettin'
and i'm bettin'
that you can cure her
oh please sir, will you?"

"oh doctor dear, this boy's a terror
for his clothes he will not wear.
susie's spittin'
danny's hittin'
and i don't get good pay."

so on he went
this brave gent
to shape 'em all up good.
he cracked his whip,
made some trips,
and brought himself some fame.

he had bad days
and some were good
yet in many ways he knew-
we all grew
to love him...
in that wondrous valley.

The party was planned to reinforce Dr. Swenson, Director of Title I, for being accessible, fair, enthusiastic, knowledgeable, and an all around good guy.

EMC STUDENTS VISIT BRS&H

On May 13 and 14, twelve students from Eastern Montana College, Billings toured BRS&H. During their stay they visited many of the cottages, observed programs of the various departments and heard presentations by many BRS&H staff. They spent their nights in Cottage 7.

One innovation that was possible because of the small tour size was assigning a BMT to each student for 45 minute intervals during which the student could observe and participate in training sessions.

Each tour member rotated to each of the Title I projects in this way.

At the end of the tour the students were asked to fill out a questionnaire relating to the visit. Most of the comments were favorable. The results were as follows:

Item 1. In general, do you feel your visit to BRS&H was beneficial to you? Please state why.

Yes - 11 No - 0

Reasons given:

Better understanding of BRS&H	9
Gained first hand experience	4
Learned from Dr. Pallister	1

Item 2. What departments or sections that you visited did you find particularly interesting and why?

BEEP	8
SAC	5
B-Mod	4
Non-Amb	2
Cottages	1
Deaf/Blind	1
Dr. Pallister	1
School	1

Reasons given:

Was able to observe success	7
Thought the staff was good	2
Thought training was relevant	2

Item 3. In your opinion what things could have been done to make the visit more worthwhile?

Nothing necessary	4
A longer stay	3
More individual participation	2
Less planned activities	2
Less administrative emphasis	1

Item 4. What specific things do you feel you learned from your experience here?

Have a better understanding of behavior modification	3
Learned about institutions	3
Retarded individuals are people with emotions, feelings	2
Staff care about residents	1
Living conditions need improvement	1
Attendants have legitimate grievances	1
Etiology is important	1
Learned how to react to retarded individuals	1
BRS&H should be depopulated	1
BRS&H has been unfairly criticized	1

NYBO TO STUDY IN SCANDANAVIA

BMT Kari Nybo has resigned from her position in BEEP to participate in a six week study program in Scandanavia. Arranged through Georgia State University, the program involves tours of institutions in Scandanavia and guest lectures by experts in the field of special education. The Scandanavian countries are credited for having very progressive programs for mentally retarded people. The emphasis of the summer session is the application of special education in institutional settings.

Ms. Nybo plans to begin work on her Master's degree in special education at Eastern Montana College in the fall. She will also present a report on her observations to the Montana AABT in August.

HOLUM LEAVING

by Richard Swenson

Barbara Holum, Coordinator of Information Dissemination and editor of the Boulder

Behaviorist has resigned, effective May 31. It is indeed an understatement to say she will be missed and difficult to replace. For those of us who have worked closely with her the past two years it is a rather emotional and sad time. However, we hope to remain in close contact with her as she intends to remain in Montana. We wish you luck, Barbara, and thank you for what you have given both those of us who work with you and those whom you serve, the retarded persons at Boulder River School and Hospital.

A NOTE FROM THE EDITOR

In winding up a 38 issue stint on the BB, I'd like to make a few personal remarks.

During my time at Boulder I've seen the enthusiasm for constructive change in many staff members eventually burn out. It seems they leave feeling that institutions are huge, immovable monsters. Many worked hard to make a dent in the problem and some succeeded - at making a dent.

The way it boils down to me is this. No professional service is going to be able to significantly improve the life of an institutionalized person unless the service is integrated and carried over into the cottages. For it is there that they spend nearly all of their time. What happens there will most profoundly affect their life. Furthermore, I doubt if anyone at BRS&H would deny the fact that there is a gross breakdown of services at the cottage level. One obvious reason for this is the understaffed conditions. Residential Services has a tremendous problem recruiting and keeping employees. Why?

Consider that the starting wage for an attendant is $404 per month and then consider their responsibilities. They are charged with being substitute parents and handling the residents' emotional needs, handling misbehavior in all its forms, making sure everyone is fed, pottied, dressed, clean and healthy. They are supposed to keep the cottage looking presentable at all times, keep the appropriate records current, engage the residents in activities throughout the day and teach them new skills. Is it any wonder Residential Services currently has 50 position vacancies?

The problem will not be solved until the Montana legislature acknowledges the discrepancy and upgrades the Attendant Counselor position. Until then, professional staff will be frustrated at the lack of carry-over of their services into the cottages; direct care workers will be hard to find and the institution will not be fulfilling its responsibility of providing good services for its residents.

If the appropriate legislative changes occurred immediately, BRS&H would be dynamite! It currently has a staff that is resourceful, concerned and is scrutinizing their programs for constructive reform.

One last thing. I'd like to thank my very special friends at the school and expecially Dick Swenson for making my job (and life) so enjoyable and for staging a never-to-be forgotten going away party. Leaving them, the school and the BB is tremendously painful. But the spring sunshine beckons me from the office.

Not wanting to further risk sounding like an inscription in a high school yearbook, I'll close. The BB will continue and I wish my successor much luck.

235 PROGRAMS BY ATTENDANT COUNSELORS

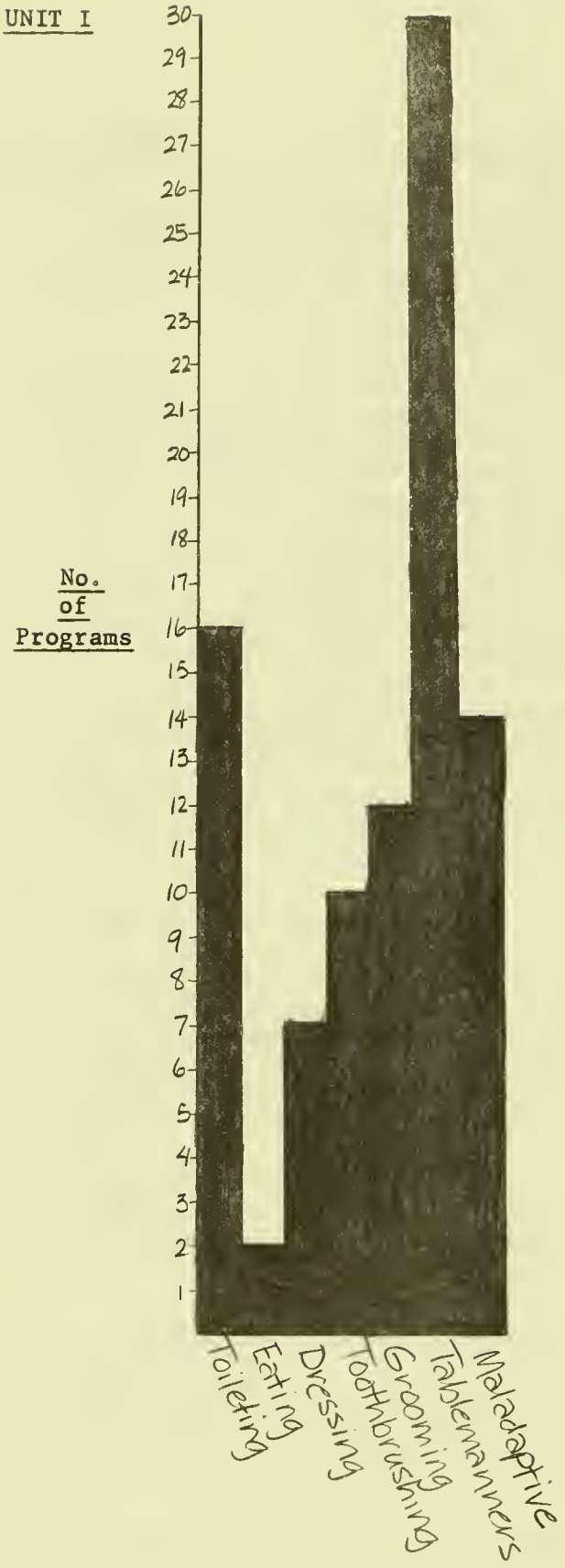
The following figures represent by number and type the 235 training programs done weekly by AC's during the period from April 13 - May 24:

UNIT I

Trainers:

Entire C-1 staff
Mary Ann Dale, C-14
Gladys Frank, C-2
Wendy McCrea, C-14
Bev Stover, C-14
Lorraine Tuszynski, C-14
Raelene Tuszynski, C-14
Karen McChesney, C-14
Mrs. Christianson, C-14

UNIT I

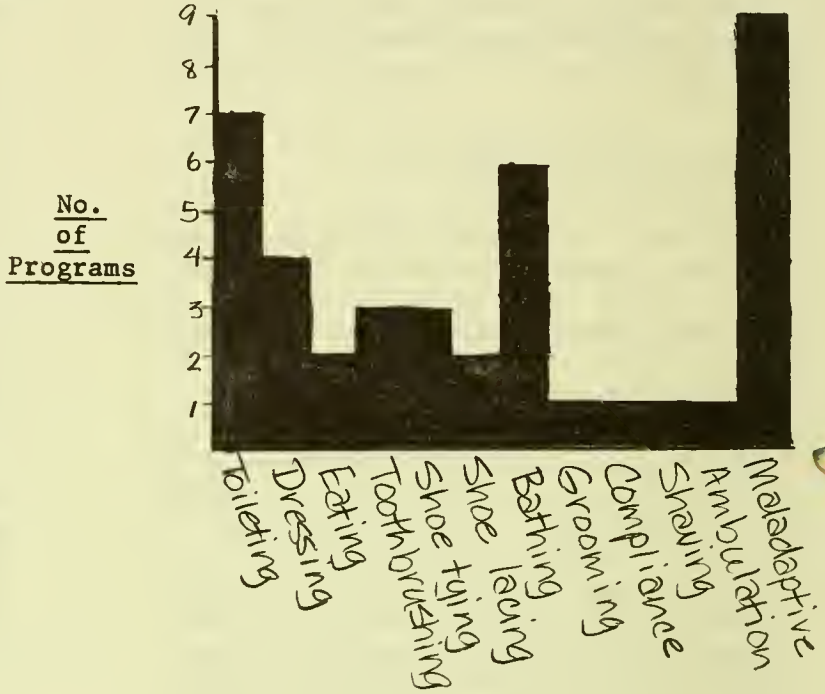


UNIT I - Cont.

Total programs: 95

Unit Supervisor: M.L. O'Hara

UNIT II



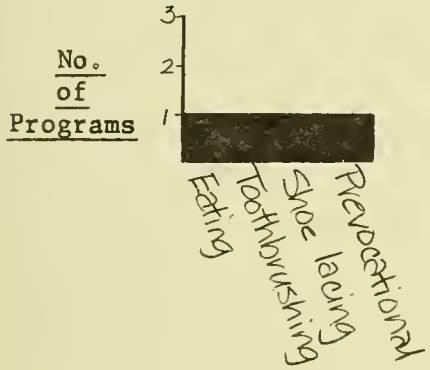
Trainers:

Isabelle Adams, C-6
Mike Hammer, C-6
Orin Marsh, C-6
Linda McGarry, C-6
Betty Penner, C-6
Mike Platt, C-6
Mary Rounsville, C-6
Grace Stoumbaugh, C-6
Ray Stoumbaugh, C-6

Total programs: 40

Unit Supervisor:
Joe Douglas

UNIT III



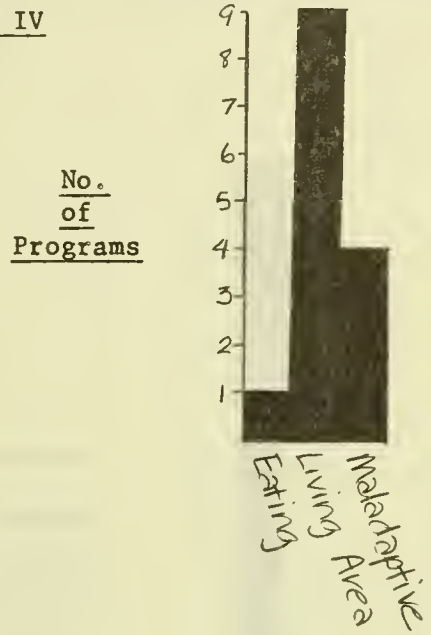
Trainer:

Tom Kilmer, C-9

Total Programs: 4

Unit Supervisor:
Bob Fleege

UNIT IV



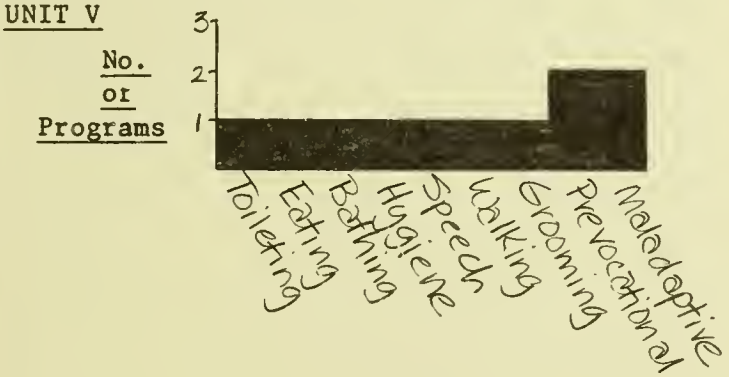
Trainers:

Entire C-4 staff
Alma DeMers, C-13
Nita Hancock, C-11
Billie Rudolph, C-13
Alice Saari, C-11
Melba Shink, C-11
Karen Wheeler, C-4

Total programs: 14

Unit Supervisor:
Dave Anderson

UNIT V



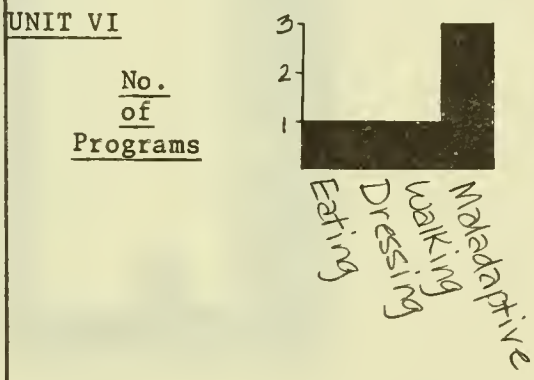
Trainers:

Entire C-1 staff
Alex Cameron, C-1
Lorraine Downing, C-1
Dorothy Felland, C-1
Reuben Gam, C-1
Marilyn McHugh, C-1
Ed Shea, C-1

Total Programs: 11

Unit Supervisor:
Dick Sonsteng

UNIT VI



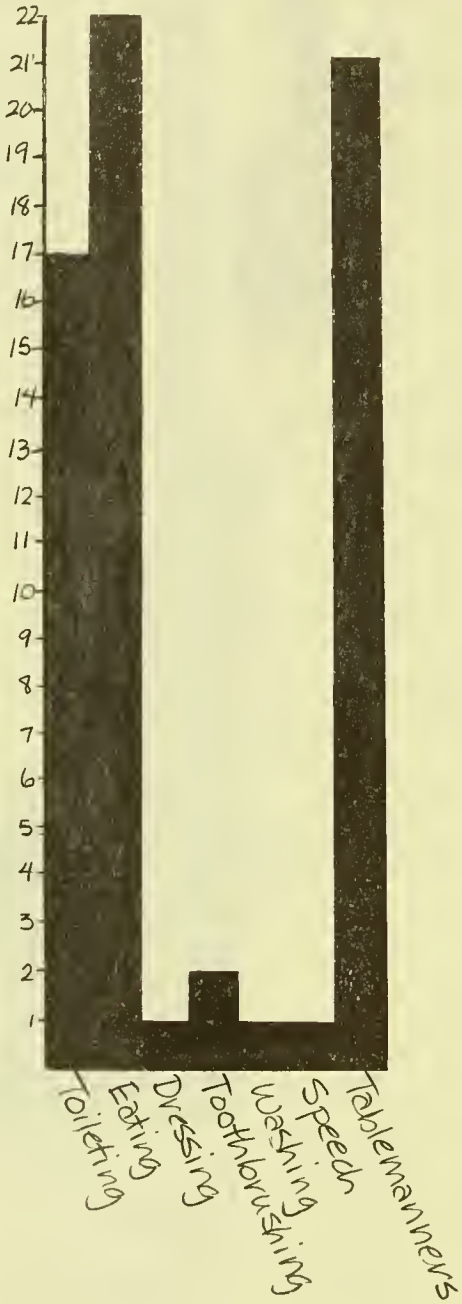
Trainers:

Margaret Bortko, C-16
Rhoda Donnell, C-16
Punchy Redensek, C-16
Jack Sage, C-16
Joan Van Dynhoven, C-16
George Zable, C-16

Total Programs: 6

Unit Supervisor:
Dan Wooley

UNIT VII



Trainers:

Georgia Rogers, C-15
Brenda Sanddal, C-15
Carol Wade, C-15
Denise Williams, C-15
Jerry Wustner, C-15

Total Programs: 65

Unit Supervisor:
Kathy Byrne

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[redacted]lder River School and Hospital
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LEGAL RIGHTS AND BEHAVIOR MODIFICATION

by Richard P. Swenson, Ph.D.

A seminar on legal rights of the mentally handicapped was held in San Francisco in February. Jan Frisch, Dr. P. Pallister and myself attended that seminar. The following is a brief summary of some of the main points, especially as they pertained to behavior modification.

1. A human rights committee should review all programs, especially those which involve any deprivation or aversive consequences.

2. Very careful consideration should be paid to determining when an activity is correctly defined as "therapy" and when it is "work", which should be compensated.

3. There is some confusion among attorneys regarding the definition of "behavior modification." Many of us working in the area define it generally as a way to plan, implement, and assess any teaching technique or method and, as such, feel its greatest strength is in skill acquisition. Some attorneys at the conference were associating behavior modification with such things as psychosurgery, electroshock, chemotherapy, restraints, and cattle prods (all usually used to eliminate some maladaptive behavior). These sorts of things are more likely to be done by M.D.'s rather than psychologists and, by my definition, have little or nothing to do with "behavior modification." It is my feeling that behavioral scientists must organize a massive public education campaign to avoid a backlash which might halt the technology that has helped so many mentally retarded individuals.

SCHOOL AND RECREATION TRAINING PROGRAMS

by Tim Plaska, M.A.

Currently all teachers and creation aides at the school are engaged in the implementation of the centralized data analysis system described in the last issue of the Behaviorist. Staff members are beginning to collect data in the various school, recreation and physical education programs to systematically monitor and evaluate the progress of each resident.

Many individuals deserve recognition for the fine job they have been doing in these areas. Their behavior certainly indicates a genuine concern for the welfare of the residents and serves as an excellent example of the many good programs currently in progress on the grounds.

Teachers Angie Kaufman, Connie Skiftun, Mary Gross, Pat Paugh and Myrtle Johnston are successfully using various reinforcement procedures to promote adaptive, academic and prevocational skills in their classrooms. Teachers Jan Anderson in the school; Joe Furshong in nonamb; and Deane Grenz in Cottage 15, have been especially concerned with collecting data on their programs, and report that good progress has been made using systematic reinforcement procedures. The data provide immediate feedback to them in regards to their teaching efforts.

Recreation aides are also using basic reinforcement procedures in their compliance training and various activity programs. Carolyn Lewis, for example, is

ith McCarty, Superintendent
Gerald F. Butcher, Assistant Superintendent
Janice Frisch, Chief, Bureau of Social and Behavioral Services

Richard Swenson, Ph.D., Director, Title I
Barbara Holum, Editor
Larry Kerzenmacher, Production

doing an excellent job of collecting data on the residents' progress in her classes. After having selected ten of the worst behavior problems in her unit, she reports good progress using behavior modification procedures.

Physical education instructor George Chance works with over 100 residents in the school gymnasium, and over the last three years has evaluated each student on a monthly skill acquisition form. George has graphed the results of each student's evaluation on a yearly basis and reports good progress using basic behavior modification techniques. George has motivated many blind and physically handicapped residents to participate in his P.E. classes and welcomes all visitors to the school gym to observe and participate in the activities.

In non-amb, recreation aides Danette Peterson and Wanda Strickler also report encouraging data and are optimistic about the benefits of the centralized data system which is sure to be a valuable asset to all programs at BRS&H.

GLASSER GIVES VIEWS ON REGROUPING

Unit II Supervisor Al Glasser was recently interviewed to get his views on the possible regrouping of residents at BRS&H. Glasser has nine years working experience at the institution and watched the institution regroup its residents approximately four years ago. At that time the present system of regrouping residents according to the area of the state in which their families reside was instituted. It replaced a system of grouping together residents who functioned at similar levels.

One change in residential grouping deemed necessary by Glasser is the establishment of a "behavior cottage" which would house residents who frequently exhibit disruptive or aggressive behaviors. Glasser feels housing these disruptive residents with others who are well behaved or unable to defend themselves is a violation of the rights of the latter. He feels that residents would want [redacted] being moved to the behavior cottage and this might serve as a deterrent to disruptive behavior. He also feels that those assigned to the behavior cottage should be able to earn their way out by good behavior. Attendant Counselors who work in the behavior cottage should receive a differential in pay, Glasser stated. Those attendants who work in non-amb or the hospital should also receive higher compensation.

Glasser stressed that any decisions concerning resident regrouping must be made from the standpoint of the residents' welfare, not because another system would make somebody's job easier. He feels the present arrangement has certain advantages: it facilitates efficiency for the social workers and it provides behavioral models to the lower functioning residents who can observe and interact with higher functioning ones. He also likes the "team effort" that the present system embraces.

In spite of these advantages, Glasser feels we are also sacrificing some important things. "Higher level residents are often unable to retain private possessions because other residents destroy or steal them," he said. Furthermore, training needs for all people could be better met if a concentrated, specialized training strategy were planned for residents housed together who had special needs (e.g., toilet training, feeding, toothbrushing or preparation for placement). "It pays off to concentrate on one area," Glasser stated. "We're spreading ourselves too thin now. Attendant Counselors would be able to specialize in several programs appropriate for their cottage. We would also be able to structure group activities in such a way that everyone could be included." Glasser also feels that residents would be more motivated to gain skills so they could advance to a higher level cottage.

Besides supporting regrouping of residents according to training needs, Glasser also supports making a behavior mod resource person available for each unit. He feels

that the Program Procedures Manual has helped attendants a great deal in their training, but that they also need follow-up help and feedback. He feels greater efficiency could be achieved if behavior mod people were assigned to specific localities.

In concluding the interview, Glasser said that, "the reason we are here is to care for and train our residents. Their needs should always be our first concern. The only way to effectively train them is to be consistent. I think if they were grouped according to their training needs, we could better accomplish this. The possibilities are here if we structure it right."

Note: Mr. Glasser recently decided to accept a new position at BRS&H. He will serve as a journeyman carpenter with the shop and maintenance crew. While his employees and friends here are sorry to see an effective supervisor leave his position, we are happy to see Mr. Glasser get a reprieve from all the responsibilities and long hours, not to mention a substantial increase in pay.

BEEP: AN EVOLVING SYSTEM
by Walt Williams, M.A.

A description of the Boulder Environmental Enrichment Project (BEEP) through all of its developmental stages would probably encompass several issues of the Boulder Behaviorist. Rather than begin such a series, I will instead present a description of the BEEP project in its current stage of development.

The goal and function of the BEEP project is to prepare high functioning residents for community placement. At present, the BEEP project is structured around three major components: 1) skill training programs, 2) a point system, and 3) socialization training.

Primary emphasis is put on the teaching of independent living skills. Training programs cover such areas as shopping, cooking, money-handling and several other vital skill areas.

Probes

A new feature of these skill training programs is the probe test procedure. Before beginning a training program, the resident is administered a pretest. The pretest is constructed so as to correspond with the steps or categories found in the training program. Thus, performance on the pretest determines the resident's initial step in the training program.

After training on a step or category is completed, the resident is administered a probe test, which is identical in structure and content to the pretest. As on the pretest, performance on the probe test determines the resident's next training step. After completing the last step of the training program, the resident is then administered the posttest, which is also identical to the pretest. If the resident scores 100% on the posttest, he may graduate from the training program.

If the resident fails to score 100% on the posttest, he must be retrained, beginning with the lowest deficient step as measured by the posttest. Residents are awarded 10 points for a program graduation. These points can be used to purchase items in the BEEP store.

Several BEEP training programs also have a maintenance section which usually consists of a weekly test. If the resident fails to reach criteria level on the maintenance test, he reenters the training program at the lowest deficient step as measured by the maintenance test.

There are two major advantages in using the probe test procedure: 1) it transforms a training program into a self-paced instructional system in that it allows the resident to progress at his own rate, and 2) it also serves as a systematic method

for monitoring resident progress and regression. These benefits result in greatly increased training efficiency. The effectiveness of this procedure would of course vary across differing functioning levels and training programs, but it is a procedure which could benefit other training projects.

Point System

The second major component of the BEEP project is the point system. The point system is designed to encourage resident self-recording. Each resident is assigned a weekly bar graph. The bars of each graph are divided into blocks. Below each graph are sets of behavior columns, one for morning interval recording and one for afternoon interval recording. At the end of each interval, a trainer records the number of points earned in each behavior column. The resident then colors in one block on the bar graph for each point earned.

Each point is worth ten cents, so the resident receives a pay check in dollar and cents at the end of each week. Residents receive BEEP money (red, blue and white coins) when they cash their checks. A resident may elect to use all of the money for spending purposes or he may elect to deposit some or all of it into his BEEP savings account. Interest is paid on the savings at the rate of 10% per week.

A resident may also go on a field trip each Friday contingent upon his reaching the weekly point criterion. A special provision has been made for those residents who fail to reach the weekly point criterion level due to illness, vacations or some other legitimate reason. If such a resident's total cumulative points equal or exceed the total cumulative points, he may participate in the scheduled activity.

The BEEP point system is also designed to permit a systematic transfer of responsibility from trainer to resident. As mentioned previously, the trainer initially administers points to the resident in the appropriate behavior columns. However, after earning 100% of his total possible points in a specified behavior column for two consecutive weeks, the resident may self-administer points in that specified behavior column. The resident may then graduate (have the contingency removed) from a specified behavior column after earning 100% of his total possible points for two consecutive weeks during the self-reward period.

In addition to the above requirement, there must also be 100% reliability between the resident and a designated trainer who makes two reliability checks per week. If the reliability checks indicate that the resident has awarded himself points he didn't earn, he is returned to the trainer-administered reinforcement phase of the program. After graduating from a behavior column, the resident gains free access to all of the reinforcers in the BEEP store.

Maintenance checks will be taken on the resident's behavior twice each week. If there is a regression in a specified behavior column, the specified behavior will again be placed on a contingency and the resident will lose free access to the BEEP store. The resident can regain free access to the BEEP store only by successfully completing this remedial program.

Socialization Training

The third and most recently developed component of the BEEP project is the socialization program. Initially, we had planned to only periodically monitor social behaviors. It was thought that changes in social behavior might occur as a side effect of the resident's involvement in the BEEP project. That was the idea behind the use of the Corbeh Social Inventory*, which

*For further information regarding this inventory, contact Dr. Hy Hopps, Dept. of Special Education, University of Oregon, Eugene 97403

measures positive and negative social interaction. The same is true in the use of the Social Behaviors Pretest, which measures the occurrence of appropriate social behavior (hello, handshake, eye contact, etc.) during a resident's interaction with a new acquaintance. However, we later decided that it would be much more efficient to actually train residents in appropriate social behavior rather than merely monitor social behaviors.

The point system was found to be especially adaptable to the kind of socialization training we desired for the residents. We began our preliminary socialization training by including an adaptive behavior column on the point charts. A response-cost procedure was used to determine the number of points awarded in the adaptive behavior column. This worked by beginning each resident's recording interval (morning and afternoon) with 10 points. Each occurrence of a maladaptive behavior resulted in the subtraction of one point from the total. When all of the residents could perform at the 80% level or above for one week, the number of points awarded at the beginning of a recording interval was decreased. The residents in BEEP have now reached a stabilized level of five points per interval. If more points are needed to control maladaptive behavior, the level can be increased.

While the adaptive behavior column was a good beginning, we decided to further expand socialization training. While viewing videotapes of residents in an unstructured social situation, it became very apparent to us that residents were unable to use leisure time. So we turned once more to the point system and decided to add a leisure time behavior column. A 45 minute interval will be made available each afternoon for leisure time activity. During this time the television will be turned off and prices for rentals (e.g., a monopoly game or a frisbee) will be lowered by one-half in the BEEP store. In order to earn points for leisure time behavior, residents will be required to utilize BEEP recreation materials or become involved in other recreation such as pool or ping-pong in Building 8. Residents may also engage in appropriate conversation as a leisure time activity. As with the other behavior columns in the point system, the resident may eventually graduate from the adaptive behavior and leisure time behavior columns.

The system I have been describing is an evolving one. As the needs of the resident change, so does the system. From the resident's initial needs for independent living skills and appropriate social behavior to his eventual need for self-control, the BEEP system evolves to meet those needs.

TWO ATTEND BANFF CONFERENCE ON PARENTING

Richard Swenson and Barbara Holum of Title I attended the Sixth Banff International Conference on Behavior Modification in Banff, Alberta from March 31 to April 4. The theme of this year's conference was "Parenting" and speakers included Gerald Patterson, Richard Stuart, Todd Risley and Frances Horowitz.

The Aggressive Child

Many interesting aspects of parenting were discussed at the conference. Gerald Patterson presented findings from research conducted by Oregon Research Institute on the "aggressive child". ORI investigated the frequency with which aversive control occurs in a "normal" family versus the frequency in a family that has an identified aggressive child. They found that in the "problem" family, the occurrence of aversive control was higher. The problem family also played, laughed and approved less than normal families. Interestingly, the mother of the identified problem child was also observed to use more aversive control (coercion) than the child himself.

ORI's treatment strategy involves teaching new parenting skills. The therapists require the parents to pinpoint, record and consistently consequate behaviors.

Beneficial changes in the family's interactions are usually maintained by the reduction or removal of aversive conditions.

More information concerning ORI's research and treatment of the aggressive child can be obtained by writing Gerald Patterson at ORI, Box 3196, Eugene, Oregon.

Changing One's Spouse

Eugenia Gullick of Medical College of Virginia explained her study on three groups of "intact marital dyads" (defined as not having any major medical, addiction, sexual, etc. problems). She found that the group of spouses who behaviorally contracted were able to more effectively change the rate of an identified "top and low priority behavior" in their mates than the other two groups who received counseling or simply recorded the occurrence of the top and low priority behaviors. It is no surprise that the group of spouses who only counted the frequency of the identified behaviors experienced negative results. Ms. Gullick attributed this to the fact that these mates were made much more aware of irritating behaviors without having the tools to change them.

Working with Families

Edward Christopherson of the University of Kansas outlined his treatment programs (of which there are three, depending on the age of the children) for working with families. Primarily, the therapists teach the parents how to contingently give and withhold positive reinforcement from their children. They stress to parents that activities such as bike-riding, going swimming, etc. are privileges the child should earn, not God-given rights. They also teach parents how to use time out, which typically involves requiring the child to sit in a chair and not talk for a specified period. The parents and child politely "practice" the time out procedure before a real incident warrants its use. Children expressed a preference for the use of time out over more traditional forms of discipline. The therapists also taught mothers how to reinforce their children for things they had not previously thought of: for playing or sitting quietly, receiving reprimands with grace, etc.

After treatment, many of the items that parents had marked on a pretreatment "complaint list" had been alleviated.

Parent Training in Groups

Sheldon Rose of the University of Wisconsin discussed the difficulties and procedures of training parents in groups to improve their family's functioning. Rose uses a variety of interesting techniques in the sessions with parents. Among them are role-playing; subgroup discussions; giving tokens for participation and assertion; a "buddy system" whereby group members call each other by phone between sessions to help sustain target behaviors; and videotape feedback.

Directions for Parenting

Frances Horowitz of the University of Kansas discussed the area of child development, which long having defied orderliness, is now coming under close scrutiny. She feels this area is as worthy of research as raising corn and hogs, about which more is currently known. She is encouraged with the consistency of research findings on parenting.

Single Parent Families

Elaine Blechman of Yale University said that most research does not support the theory that single parent families (SPFs) foster delinquent children. Some of the factors that influence the outcomes of SPFs are: male SPs are better received by the community; if the absent parent was separated for reasons of death or illness, the community is more supportive; if typical mother-father roles were shared before the separated parent's absence, the remaining parent can better handle parental responsibilities.

Blechman outlined some problem areas common to SPFs and some positive aspects they

also enjoy.

Strengthening the Institution of Marriage

Richard B. Stuart of the University of British Columbia discussed the value of enduring marriages and outlined suggestions by which to improve their functioning. Some of Stuart's suggestions to improve marriage were:

1. Marriage should be harder to get into and easier to get out of so people will be married because they want to, and not feel forced to.

2. The economic security of all people should be strengthened (e.g. guaranteed annual income). Poverty helps cause emotional strain and divorce.

3. People should receive realistic pre and postmarital education in such things as communication skills, decision-making, cross-sex roles and the principle of reciprocity. This training should be taken at least as seriously as a driver's test. Employers should also provide mandatory on-the-job parent education and should restructure the working day to the family's advantage.

4. The community should provide models, supportive services and periodic assessments for families.

PRECISION TEACHING EXPLAINED AT CEC-MSHA CONVENTION

At the 1974 Convention of the Council on Exceptional Children and Montana Speech and Hearing Association in Billings on March 29 and 30, the technique of Precision Teaching was discussed and the Precision Teaching Project in Great Falls was described. Presenters on this topic consisted of Norris Haring, Director, Experimental Education Unit, University of Washington, Seattle; Ray Beck, School Psychologist, Great Falls Public Schools; and several others. Title I employees Jan Mackay, Kari Nybo and Lynn Shea attended the convention.

Precision teaching is a growing set of procedures that guide teachers and learners in finding combinations of environmental events which affect the learner's performance. It provides for: 1) a precise means of measuring performance on a continuous basis, 2) detailed records of behavior charts, 3) a behavioral formula for use in analysis, and 4) techniques for interpreting data.

The precision teacher believes that every child is unique and thus provides individualized instruction. The teacher also believes in educational accountability and recognizes the value of continuous measurement over pre and posttests.

The notion of precision teaching was initiated in 1965 by Ogden Lindsley who wanted to refine and extend the techniques of operant conditioning and behavior modification so they could be used to measure academic behavior change. In 1971, a state-wide project in Washington called the S.S.T. was initiated. The purpose of this project was to use precision teaching principles to identify children with learning disabilities and attempt remediation both in and out of the regular classroom.

The intent of the Great Falls Precision Teaching Project is to provide services to children screened and identified as having learning disabilities and to develop a model which will become available to any school district. The project is also concerned with keeping children with learning disabilities in the regular classroom most of the day. The Precision Teaching Project includes six major components: 1) training, 2) screening and identification, 3) remediation, 4) measurement and evaluation, 5) behavior bank, and 6) dissemination.

Dr. Haring stressed the importance of using a standard measurement to evaluate

procedures. He suggested that the best way to individualize teaching is to compare the child's current performance with his previous performance level. He also suggested that many learning disabilities are, in fact, a result of teaching disabilities.

Further information on the Precision Teaching Project can be obtained in two pamphlets -- "A Program to Serve Children with Learning Deficits" and "Precision Teaching Materials Directory." Both can be obtained by writing Great Falls Public Schools, Great Falls, Montana.

REORGANIZATION PROPOSAL SUBMITTED

In conjunction with the present plans by BRS&H administration to reorganize resident living patterns based on habilitative need rather than geographical regions of the state, Title I employees Steve Kanies and Tim Plaska have written a nine page proposal for reorganization which they submitted for examination and feedback to the Social and Behavioral Services Bureau on April 19. The objective of the proposal is "to facilitate integration of the existing resources available at BRS&H into a clearly defined systematic program of services designed to better meet the individual needs of each resident."

The recommended organizational changes comply with the standards set forth by the Joint Commission on Accreditation of Hospitals to "foster those behaviors that maximize the human qualities of the resident, increase the complexity of his behavior, and enhance his ability to cope with his environment."

The proposal recommends homogeneous grouping of residents in regards to habilitative or training needs, as determined by data from the Adaptive Behavior Scale. To integrate available resources, they recommend that behavioral objectives be defined and sequenced for all areas, along with procedures for accomplishing the objectives. They also suggest that presently vacant positions be used by hiring training staff into those currently budgeted or by redefining those job classifications into a reduced number of higher paid training positions. The use of qualified residents to fill custodial positions is also recommended.

The proposal supports the development of a facility-wide Code of Conduct to reduce unacceptable or maladaptive behavior. It would explicitly define what behaviors are inappropriate and the method for dealing with each. Also recommended is the implementation of a behavior modification inservice training course for the ongoing instruction of all supervisory and training staff.

To evaluate the effectiveness of the program delivery system, the proposal recommends the development of a facility-wide data recording system.

One of the proposal's authors, Steve Kani commented, "All we've really done is lay out general objectives. Now its up to everybody else to give input into the proposal. The development of a workable program must be the result of input from all areas at BRS&H.

SEMINAR TO BE HELD ON ETHICAL-MORAL ISSUES IN MENTAL RETARDATION

A conference dealing with ethical-moral issues in mental retardation is tentatively planned for Wednesday, July 3 in the jymnasium at BRS&H. Organized by Phillip Pa-lister, M.D., the conference's activities include viewing the film "Who Shall Live," and panel discussions. Topics for discussion will be "legal rights of the retarded," "ethical-moral considerations involving psychological and social factors," "ethical-moral considerations raised by the 'biologic' revolution," and "ethical-moral considerations involving medical and surgical treatment of the retarded." Ed Kellner, Director of the Department of Institutions, will introduce the theme of the conference. Slated for involvement in panel discussions are Keith McCarty, Superintendent; Gerald Butcher, Assistant

Superintendent; Phillip Pallister, M.D., Clinical Director; Janice Frisch, M.S.W., Bureau Chief of Social and Behavioral Services; Richard Swenson, Ph.D., Director of Title I; Dick Heard, Director of Residential Living; Marion Thompson, Program Evaluator; and Brenda Sanddal, Attendant Counselor II.

Other contributors will be Allen LeMieux, County Attorney, Jefferson County; Father Robert O'Donnell, Pastoral Services, Helena Diocese; Larry D'Arcy, Deputy Director, Department of Institutions; Father J. Eugene Peoples, Ph.D., Professor of Theology, Carroll College; Jurgen Herrman, M.D., Consulting Geneticist, University of Wisconsin; J. Allan Miller, M.D., Consulting Pathologist, BRS&H; R.E. Lossee, M.D., orthopedist; Vincent Amicucci, M.D., ophthalmologist; John Seliskar, M.D., internist; and Gary Marbut, Montana legislator.

The conference will begin at 8:45 a.m. and continue through 5:00 p.m.

222 PROGRAMS BY ATTENDANT COUNSELORS

The following figures represent by number and type the 222 training programs done weekly by AC's during the period from March 9 through April 12:

UNIT I

Trainers:

Entire Cottage 2 Staff
- 1 maladaptive
- 16 tablemanners

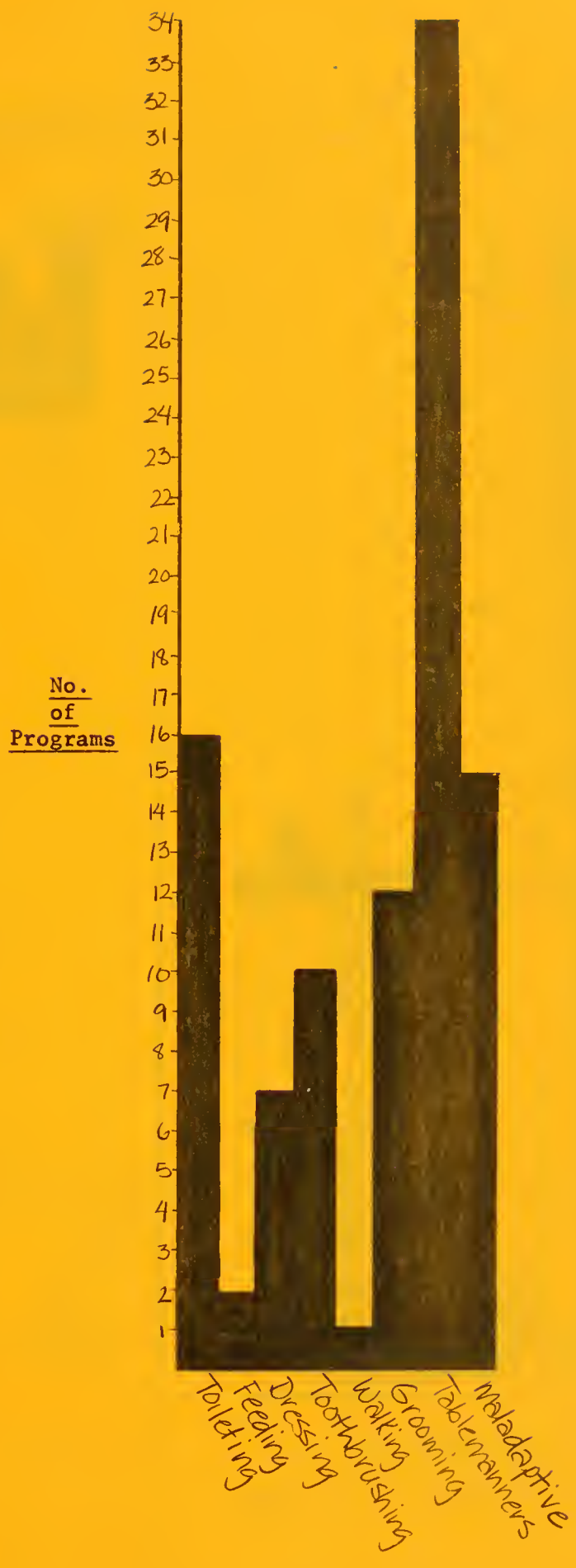
Mary Ann Dale, C-14
- 2 toileting
- 5 toothbrushing
- 6 grooming
- 6 maladaptive
- 3 dressing
- 8 tablemanners
- 1 feeding

Gladys Frank, C-2
- 3 toileting

George Howard, C-2
- 1 maladaptive

Wendy McCrea, C-14
- 2 toileting
- 1 maladaptive
- 1 walking
- 1 tablemanners

Bev Stoner, C-14
- 5 toothbrushing
- 6 grooming
- 3 toileting
- 5 maladaptive
- 3 dressing
- 9 tablemanners



UNIT I - cont.

Lorraine Tuszynski, C-14
2 toileting
1 dressing
1 feeding

Raelene Tuszynski, C-2
1 maladaptive

Karen McChesney, C-14
2 toileting

Mrs. Christianson, C-14
2 toileting

Total Programs: 97

Unit Supervisor:
M. L. O'Hara

UNIT II



Type of Program

Trainers:

Linda Love, C-6
2 bathing
1 maladaptive
1 compliance
1 eating
1 grooming
1 shoe tying

Linda McGarry, C-6
3 maladaptive
2 bathing
1 eating
1 dressing

Helen Munson, C-6
1 toileting
1 maladaptive

Ed Sheehan, C-6
1 ambulation
2 bathing

Grace Stoumbaugh, C-6
1 maladaptive
2 toothbrushing
1 eating
1 compliance

Ray Stoumbaugh, C-6
1 toileting
1 dressing
2 shoe lacing

Total Programs: 38

Unit Supervisor:
Al Glasser

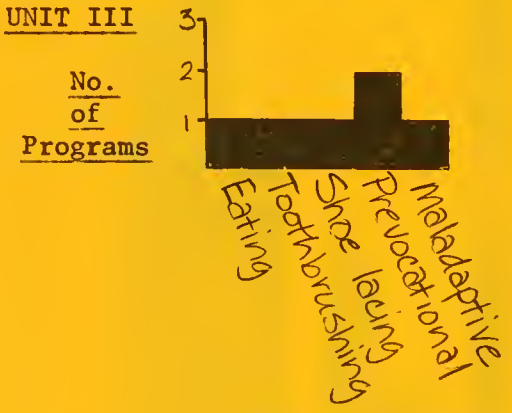
Betty Penner, C-6
2 toileting
1 dressing
1 ambulation

Mike Platt, C-6
1 dressing
2 shoe tying
2 toileting

Mary Rounsville, C-6
1 grooming
1 toileting

Alice Sheenan, C-6
1 grooming

UNIT III



Type of Program

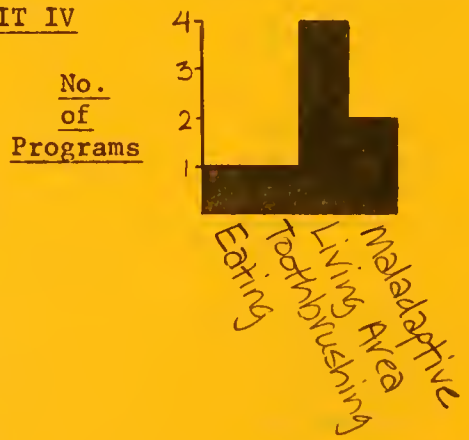
Trainers: Raineda Cantella, C-5
1 maladaptive
1 prevocational

Tom Kilmer, C-9
1 feeding
1 toothbrushing
1 prevocational
1 shoe lacing

Total Programs: 6

Unit Supervisor: Bob Fleege

UNIT IV



Type of Program

Trainers:

Alma DeMers, C-13
2 living area

Norma Johnson, C-4
1 toothbrushing

Billie Rudolph, C-13
2 living areas

Melba Shink, C-11
1 maladaptive

UNIT IV - cont.

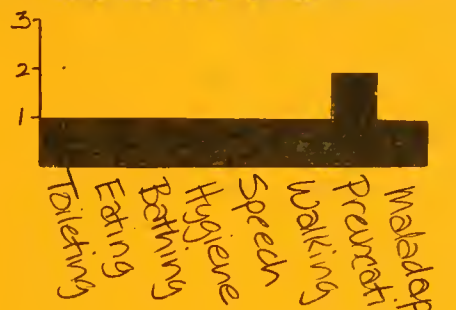
Karen Wheeler, C-4
1 feeding
1 maladaptive

Total programs: 8

Unit Supervisor:

Dave Anderson

UNIT V



Trainers:

Entire C-1 staff
1 maladaptive

Alex Cameron, C-1
2 hygiene

Lorraine Downing, C-1
1 speech

Dorothy Felland, C-1
1 bathing
1 eating

Marilyn McHugh, C-1
1 walking
1 toileting

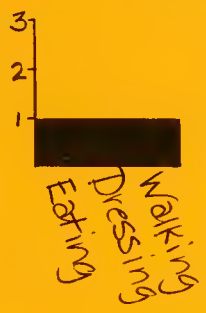
Ed Shea, C-1
1 hygiene
1 walking
1 prevocational

Total programs: 11

Unit Supervisor:

Dick Sonsteng

UNIT VI



Trainers:

Rhoda Donnell, 16 C
1 dressing

Jack Sage, 16 C
1 feeding

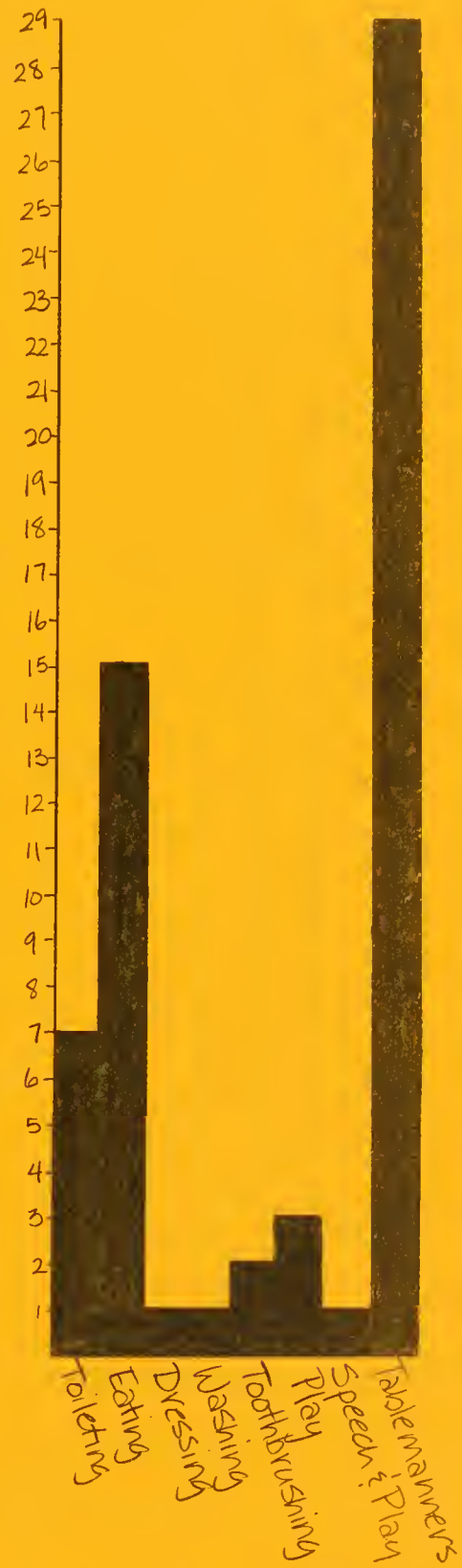
George Zable, 16 C

Total programs: 3

Unit Supervisor:

Dan Wooley

UNIT VII



Trainers:

Margaret Olson, C-15
Georgia Rogers, C-15
Brenda Sanddal, C-15
Carol Wade, C-15
Denise Williams, C-15
Jerry Wustner, C-15

Total programs: 59

Unit Supervisor: Kathy Byrne

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the Boulder Behaviorist

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Boulder River School and Hospital
Vol. II, No. 5 Boulder, Montana 59632 March 25, 1974

BRS&H UNION STAFF STRIKES

The publication of this issue of the Boulder Behaviorist has been delayed due to a seven day strike from March 14 to 20 of the union employees at BRS&H. The union employees, the majority of which are Attendant Counselors, were striking for higher wages. During the strike the non-union employees at BRS&H, including teachers, social workers and Title I staff, worked 12 hour shifts in the cottages, laundry and kitchen, attempting to carry on the life processes of the institution. They were supported by volunteers from the surrounding area, mothers and several units of the Montana National Guard during the last two days.

The non-union staff at BRS&H seemed to be in complete sympathy with the objective of the strike--to gain better wages for the union employees. These sentiments were strengthened for many after experiencing directly the tasks demanded of attendants. They learned how physically strenuous the job is, especially in an understaffed cottage. They came to realize how much responsibility an attendant is asked to assume: insuring all their charges' physical needs are met (feeding, dressing, toileting, bathing), being alert to signs of illness or injury, giving emotional support and handling crises as they arise. Furthermore, attendants are asked to be proficient at providing training for residents.

Any position that involves so much direct responsibility for so many other human lives should be adequately, if not lucratively, compensated. A starting wage of $374 per month is hardly adequate.

Even though the strike was unsuccessful in obtaining the requested pay increases (an $80-$100 increase was sought but only $30 increase was obtained), we hope it gave wide visibility to the need. We hope that Montanans who agree will express this concern to their legislators.

COTTAGE FIVE: A MODEL PROGRAM

Attendant Counselor I Raineda Cantella is running an exemplary program in Cottage 5. The program specifies a cluster of behaviors that, when performed consistently, earn Becky S. a trip out of the cottage every two weeks. These excursions will include going shopping or out to eat, going for a drive or a picnic. Ms. Cantella is also awarding Becky a maximum of $5 in credit each month, which she may spend on the outings. Ms. Cantella is personally financing this venture.

Ms. Cantella checks Becky for the occurrence of certain behaviors and puts a star for that day on Becky's star chart if all assigned behaviors are performed. Becky is required to independently 1) make 9 beds each day and wash them once every other week; 2) insure that residents have coats and shoes on before lunch and 3) take another resident to and from lunch. In addition, she must attend a cooking class supervised by the recreation department every Wednesday from 2:00 to 4:00. Becky's performance of these responsibilities during baseline was sporadic and usually occurred only when prompted. In the 13 days that the program has been in effect, Becky has earned a star each day and seems to take pride in her good performance. She looks forward to her pay-off with eagerness.

COMPLEMENTARY PROGRAMS IN COTTAGE I

Ed Shea, A.C. I in Cottage 1, Unit 5, has

Keith McCarty, Superintendent
Gerald F. Butcher, Assistant Superintendent
Janice Frisch, Chief, Bureau of Social and Behavioral Services

Richard Swenson, Ph.D., Director, Title I
Barbara Holum, Editor
Larry Kerzenmacher, Production

designed a program to increase walking by Russell L. Before the program was initiated five weeks ago, Russell spent approximately five hours during each of Ed's shifts sitting in the cottage. He walked with much difficulty and required prompts by other people.

Ed began the program by holding a cup of coffee (which Russell loves) in front of him so that Russell would walk to get it. He gradually increased the walking distance required to earn the reinforcement and subsequently faded his prompts to the point where Russell walks completely independently. Now Ed reinforces Russell after a walk outside the cottage with a cup of coffee, a lot of praise, and the privilege of sitting in the cottage office for the same length of time he spent walking. Ed walks with Russell every day. Russell seems to enjoy his program a great deal and comes to meet Ed at about 2:00 every day to go walking.

Attendant Marilyn McHugh is using a strategy to encourage Russell's independence that complements Mr. Shea's program. She began by rewarding Russell with coffee when he walked to the office independently after toileting. When he became proficient at this, she required him to pull up his pants after toileting and then walk to the office. At the present, Russell is also required to get up from the toilet by himself to earn the coffee.

Ms. McHugh plans to use this "backward chaining" approach to further teach Russell how to approach the toilet independently and pull his pants down.

It seems that the two programs are working together well to promote greater mobility and independence for Russell.

TOTAL TRAINING EFFORT TO BE CENTRALLY MONITORED
by Data Analysis Lab

Although there are limited resources for residential training at BRS&H, there is a continuing [redacted] the part of attendant staff members as well as independent services personnel in helping the developmentally disabled to respond more effectively to the demands of their environment. This interest has been manifested by a steady increase in both the quantity and quality of training programs being conducted by individuals at many levels in most service areas. Such efforts, particularly in the case of Residential and Nursing Service employees, involve a considerable amount of additional work, including the up-dating and revision of existing programs, and innovation of new techniques and methods of training. The overall improvement in the quality of residential training is perhaps most dramatically reflected by an increase in the number of standardized programs being conducted. Such programs are generally characterized by specific, written procedures designed to deal with well-defined target behaviors, and are carried out consistently, with sufficient records maintained to document progress toward the final goal. This movement toward increasing program sophistication appears to be a natural consequence of a greater emphasis on determining program effectiveness.

In addition to an increase in formal programs, there has been a concurrent rise in the number of less structured programs which also contribute significantly toward the goal of resident habilitation. Presently few programs are being adequately monitored, resulting in a loss of important information necessary both for assessment of program progress and to account for services provided to the resident.

To correct this problem the centralized data analysis system now being implemented to analyze input from Title I programs is being extended to accomodate data from programs in other areas. It is anticipated that this system will eventually be able to monitor the progress of a wide variety of programs, regardless of the type of training or the specific

method used. Since most of the data collected in any program will be very similar, it is a relatively simple procedure to reduce this information to the standard format provided in the current edition of the Program Procedures Manual. Individual program input thus recorded on a standard form such as the "Basic Data Sheet" can then be transferred to coding forms, punched on cards and read into a computer for processing. The final computer output will then provide detailed information regarding program progress, resident skill acquisition, trainer effectiveness, and much additional information of benefit to both trainer and supervisor. A file of computer printouts will be maintained in the Title I Data Analysis Laboratory and will be available to anyone interested.

This reporting procedure is designed primarily for the more formal programs mentioned previously. Information regarding less formal programs is also quite valuable and will continue to be reported in the Behaviorist in much the same form as it has been in the past.

Training programs at BRS&H can be separated into three major groups according to their degree of structure. The first of these is comprised of "Standard Training Programs," which are characterized by systematic written procedures leading toward specific behavioral objectives. Such programs are conducted in at least five regularly scheduled sessions per week with data collected and recorded during each session. "Activity Programs" possess few, if any, of the preceding characteristics and are conducted whenever the trainer's schedule permits, with the restriction that at least one session per week must be held. These programs may concentrate on virtually any task or activity which will in some way benefit the resident and may be relatively unstructured. Programs falling somewhere between these two extremes have been designated as "Intermediate Training Programs" and will include organized training efforts which, although more highly structured than activity programs, do not yet meet all the criteria necessary for a standard program.

Training information from all areas should be turned in to unit or service supervisors for subsequent reporting to the Data Analysis Laboratory. A final report of findings will subsequently be published in the Behaviorist in order to provide a current profile of ongoing training throughout the institution.

PPM IS NOW AVAILABLE

by Ron Langworthy, Assistant Director, Title I

The Program Procedures Manual, third edition, is now available. The manual has been developed over a period of approximately two years by Title I staff members, and contains procedures for carrying out most basic self-help skill training programs. The PPM was developed primarily for use by Attendant Counselors at BRS&H, but it is also available upon request to trainers outside of Boulder.

Attendant Counselors interested in training residents in self-help skills can find a PPM enclosed in a loose leaf notebook in each cottage. Each Unit Supervisor also has a copy. Trainers not already acquainted with the manual should study carefully the introduction section in the front of the manual and the data section in the back before carrying out any of the programs in the body of the manual. Data sheets of all kinds can be obtained from Title I staff, or by calling extension 222. Training-related questions can be answered in the same way. Attendant Counselors are encouraged to provide feedback to Title I staff about the PPM, since it is intended mainly for attendant use.

ATTENDANT ATTITUDES TOWARD BEHAVIOR MODIFICATION

by George Siverts, Data Analysis Lab

A questionnaire designed to measure attitudes toward behavior modification was recently distributed among the Attendant Counselors at BRS&H. Some of the more interesting results are:

Overall, 37% reported that they would like to spend more than 4 hours a day training but only 7% said they actually did spend this much time. Evidently, attendants would like to be more involved in direct care. Also, 82% reported less than one hour a day actually spent training but only 37% wanted it that way. Judging from these results, changes which would permit more training would probably be welcome. Another question related to this issue asked whether attendants would be interested in a full time training position. Thirty-eight percent said yes, 41% no and 21% did not have an opinion. While not all attendants would want it, it appears that there would be considerable interest if such a position became available.

When asked whether behavior modification should be the training method used at BRS&H, 37% said yes, 13% no and 50% were not sure. It is interesting to note that younger (under 21), and college educated employees responded more favorably than the average. (Under 21: 53% yes, 9% no; College education: 62% yes, 13% no.) Also, more recently hired employees (within the last year) were more strongly in favor of behavior modification than those who have been here longer (less than 1 year, 46% yes, 5% no; more than 1 year, 23% yes, 21% no.). Not surprisingly, these same patterns emerged in the responses to a question about whether behavior modification is effective.

A curious result was found in the response to this question: "Do you feel you have enough knowledge of behavior modification to effectively carry out a program?" Those who had taken the inservice training behavior modification course were less sure of their knowledge than those who had not! (Taken the course, 40% yes, 30% no; had not taken the course, 54% yes, 19% no.) This might indicate that persons not formally exposed to the rigors of behavioral techniques do not understand the subtleties of effective training.

When asked to rate the service provided by Title I, the attendants responded with an overall mean of 3.6 on a scale of 1 to 5, 1 being "excellent" and 5 being "poor." Most of the geographical units rated the program as slightly less than average with a couple of areas giving ratings close to "poor" (4.3 and 4.7). An interesting contrast to these low spots was the response from Unit VII, the Skill Acquisition Cottage. In the cottage where three behavior modification staff are permanently assigned and the Unit Supervisor is a BMS, the average rating was 2.3.

The program fared slightly better when attendants were asked to rate the operation of the behavior modification staff (mean rating, 3.4) but the mean was not high. Again, Unit VII responded more favorably than the other units to this question, with an average rating of 1.9.

In general, the results suggested that there is a fair amount of enthusiasm among attendants for training but that they do not think they are doing enough of it. From these data it is difficult to tell what the reasons for this might be. Also, attendants in general do not feel the behavior modification program at Boulder is operating as well as it could. Reasons for this are unclear, but misconceptions about the nature of the program may contribute to this attitude.

More detailed results from the questionnaire may be obtained by contacting the Data Analysis Laboratory.

COTTAGE 5 ATTEMPTS TO DECORATE

Attendant Counselors Shirley Smith, Penny

Blackwood and Raineda Cantella have personally made and hung up a number of cottage decorations in an attempt to improve the appearance of the cottage. They have made a mobile and a paper train with numbered cars, have hung curtains in the day hall and have drawn animal figures on the foots of beds. Their concern to enhance the residents' home is certainly beyond the call of duty and illustrates the ingenuity many direct-care workers show in their work.

Sadly enough, many of the new decorations have been torn down by residents. Hence arises the real test of employee perseverence: to try again, using more ingenuity, in order to enrich the environment in a way that cannot be easily undone. Hopefully, the Cottage 5 staff will try again.

NOTES ON RAPID TOILET TRAINING AVAILABLE

Compiled by BMT Tom Seekins are some problems encountered in his rapid toilet training programs and some possible solutions for these. The training procedure used is based on the model provided by Foxx and Azrin's Toilet Training the Retarded, published by Research Press. In these notes Mr. Seekins elaborates on such subjects as the definition of "self-initiation," the use of prompts and the ranking by priority of various trainer behaviors. The notes are available upon request from Tom Seekins.

So far, three residents in Cottage 14 have been trained using the rapid toileting approach. All three have graduated to the maintenance phase of the program and continue to experience a high degree of success (i.e. few toileting accidents).

WANTED: INFORMATION ON PROGRAM MAINTENANCE

It would be greatly appreciated if any institution or facility that systematically monitors and maintains the performance of residents who have graduated from a training program would send information on this to The Boulder Behaviorist.

SAC'S THURSDAY ACTIVITY PERIOD
by Ken Brown, BMT

Every Thursday from noon to 4:00, the Behavior Modification Technicians in the Skill Acquisition Cottage put aside their regular daily training schedules and reinforcement aprons to participate in a preplanned session called the Thursday Activity Period. In this period the residents are involved in activities to which they are not usually exposed. This includes such activities as Christmas shopping, shopping in a grocery store, ice skating, a Valentine's Day party, a carnival and coloring.

The purpose of the program is to generalize the skills that the residents already have, such as table manners and toileting, and to develop new skills in different environmental settings. From this we have learned that our residents didn't know how to drink from straws or how to eat hamburgers with their fingers. The grocery store was found to be excellent for speech and money-handling. A few of the residents have even learned to play air-hockey independently. Involvement in these activities has shown us that the "how and when" of using skills is just as important as the acquisition of the skill itself.

PROFILE OF NEW TITLE I EMPLOYEES

A native of Elgin, Illinois, Steve Kanies earned his B.S. degree in psychology from St. John's University, Minnesota, in 1969. In addition, he has had two and one-half years experience in behavior modification with mentally retarded persons. Mr. Kanies will work as a Training Supervisor for the Cottage Life project.

Mike St. Onge earned his Bachelor's degree in special education and psychology in 1973 from Northern Michigan University. Mr. St. Onge works as a BMT in the Cottage Life project.

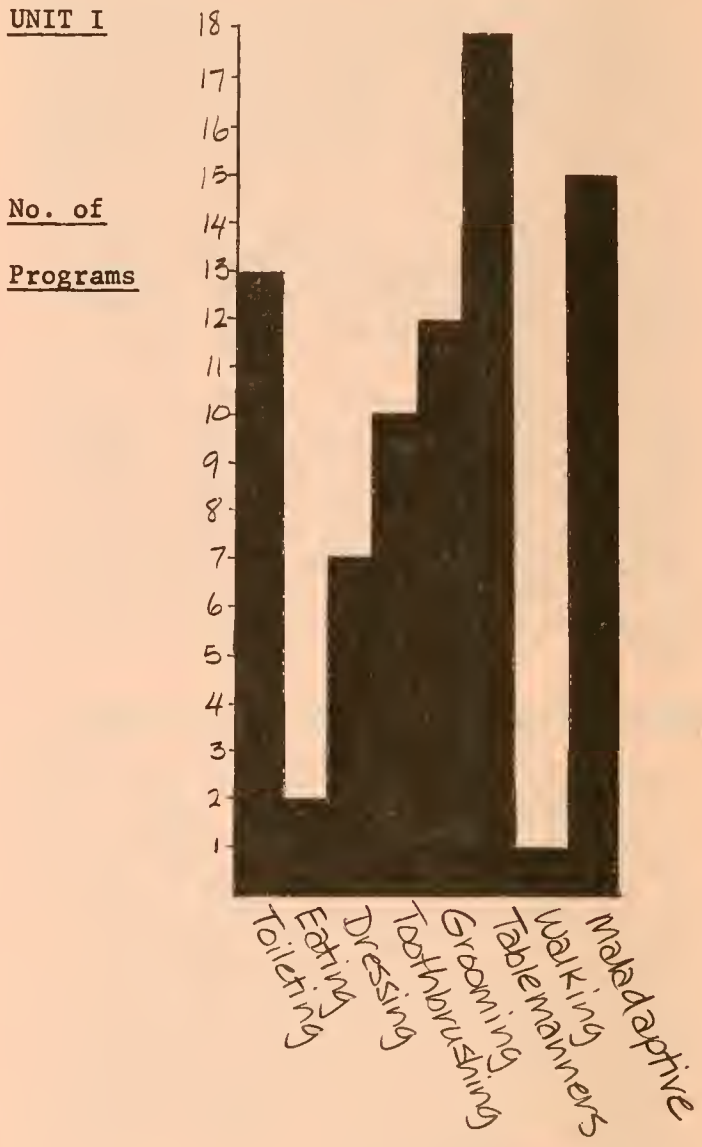
New BMT Sharon St. Onge hails from Rockwood, Michigan and earned a Bachelor's degree in special education from Northern Michigan University in 1973. She also works in the Cottage Life project.

Marion Thompson serves as Title I's new Program Evaluator. Mr. Thompson is a native of El Paso, Texas and earned his B.S. and M.S. degrees in psychology at Texas A & M.

New BMT Delores Williams works in the Cottage Life project and hails from Grand Rapids, Michigan. Ms. Williams earned her Bachelor's degree in special education for the emotionally disturbed at Western Michigan University in 1973.

183 PROGRAMS BY ATTENDANT COUNSELORS

The following figures represent by number and type the 183 training programs done weekly by AC's during the period from February 9 through March 8:



Trainers:

1. Entire Cottage 2 Staff
 1 maladaptive

2. Mary Ann Dale, C-14
 5 toothbrushing
 6 grooming
 3 toileting
 6 maladaptive
 3 dressing
 8 tablemanners
 1 feeding

3. Gladys Frank, C-2
 3 toileting

4. George Howard, C-2
 1 maladaptive

5. Wendy McCrea, C-14
 2 toileting
 1 maladaptive
 1 walking
 1 tablemanners

6. Bev Stover, C-14
 5 toothbrushing
 6 grooming
 3 toileting
 5 maladaptive
 3 dressing
 9 tablemanners

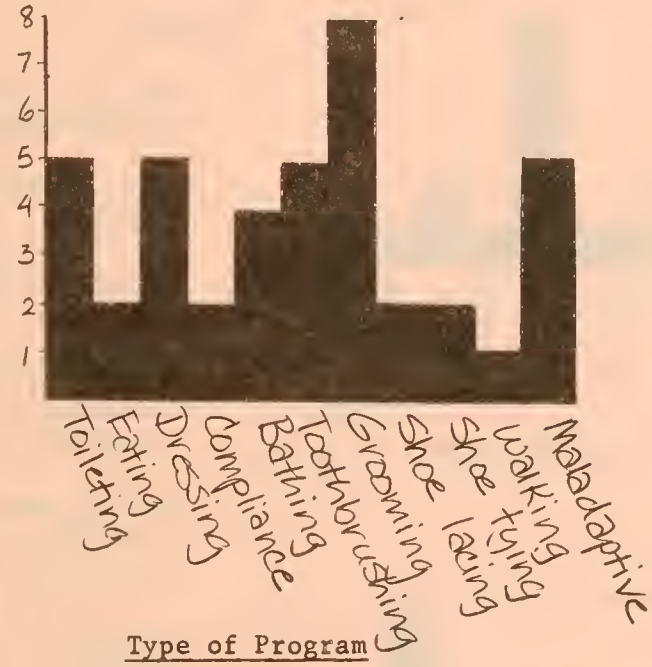
7. Lorraine Tuszynski, C-14
 2 toileting
 1 dressing
 1 feeding

8. Raelene Tuszynski, C-12
 1 maladaptive

Total programs: 78

Unit Supervisor: M.L. O'Hara

UNIT II



Trainers:

1. Mike Hammer, C-6
 2 shoe tying
 1 dressing

2. Linda Love, C-6
 1 bathing
 1 compliance

3. Linda McGarry, C-6
 2 maladaptive
 1 feeding
 4 grooming
 1 bathing
 2 dressing

4. Helen Munson, C-6
 1 toileting
 1 maladaptive

5. Betty Penner, C-6
 2 toileting
 1 dressing
 1 ambulation

6. Mary Rounsville, C-6
 1 grooming
 1 toileting

7. Alice Sheehan, C-6
 3 grooming

8. Ed Sheehan, C-6
 1 maladaptive
 2 bathing

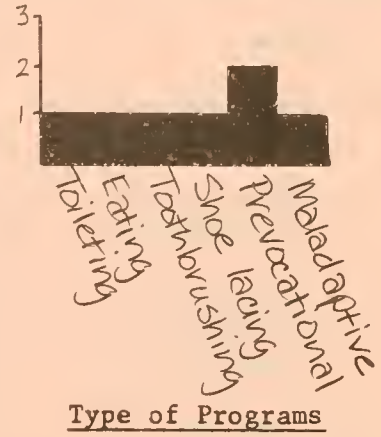
9. Grace Stoumbaugh, C-6
 1 maladaptive
 2 toothbrushing
 1 eating
 1 compliance

10. Ray Stoumbaugh, C-6
 1 toileting
 1 dressing
 2 shoe lacing

Total programs: 38

Unit Supervisor: Al Glasser

UNIT III



Trainers:

1. Penny Blackwood, C-5
 1 toileting

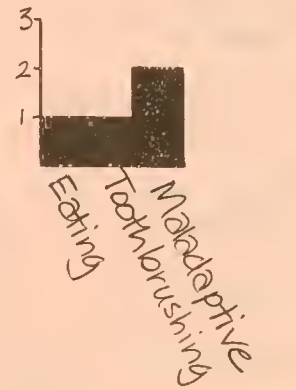
2. Raineda Cantella, C-5
 1 maladaptive
 1 prevocational

3. Tom Kilmer, C-9
 1 feeding
 1 toothbrushing
 1 prevocational
 1 shoe lacing

Total programs: 7

Unit Supervisor: Bob Fleege

UNIT IV



UNIT IV, cont.

Trainers:

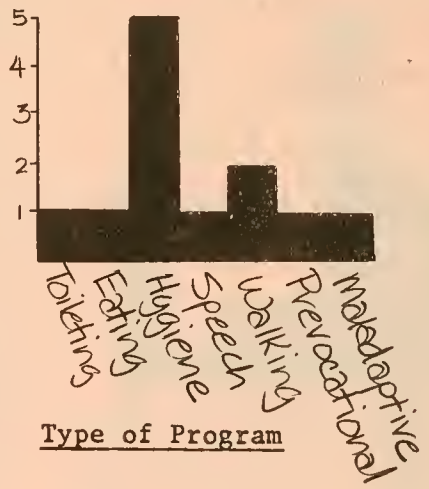
1. Norma Johnson, C-4
 1 toothbrushing
2. Melba Shink, C-11
 1 maladaptive
3. Karen Wheeler, C-4
 1 feeding
 1 maladaptive

Total programs: 4

Unit Supervisor:

Dave Anderson

UNIT V



Trainers:

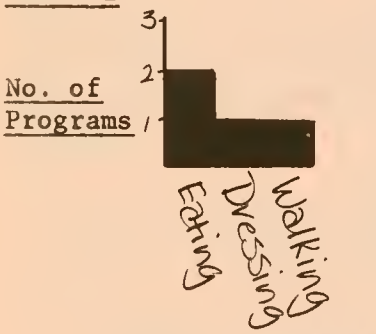
1. Entire C-1 Staff
 1 maladaptive
2. Alex Cameron, C-1
 2 hygiene
3. Lorraine Downing, C-1
 1 speech
4. Dorothy Felland, C-1
 1 feeding
 2 hygiene
5. Marilyn McHugh, C-1
 1 walking
 1 toileting
6. Ed Shea, C-1
 1 hygiene
 1 walking
 1 prevocational

Total programs: 12

Unit Supervisor:

Dick Sonsteng

UNIT VI



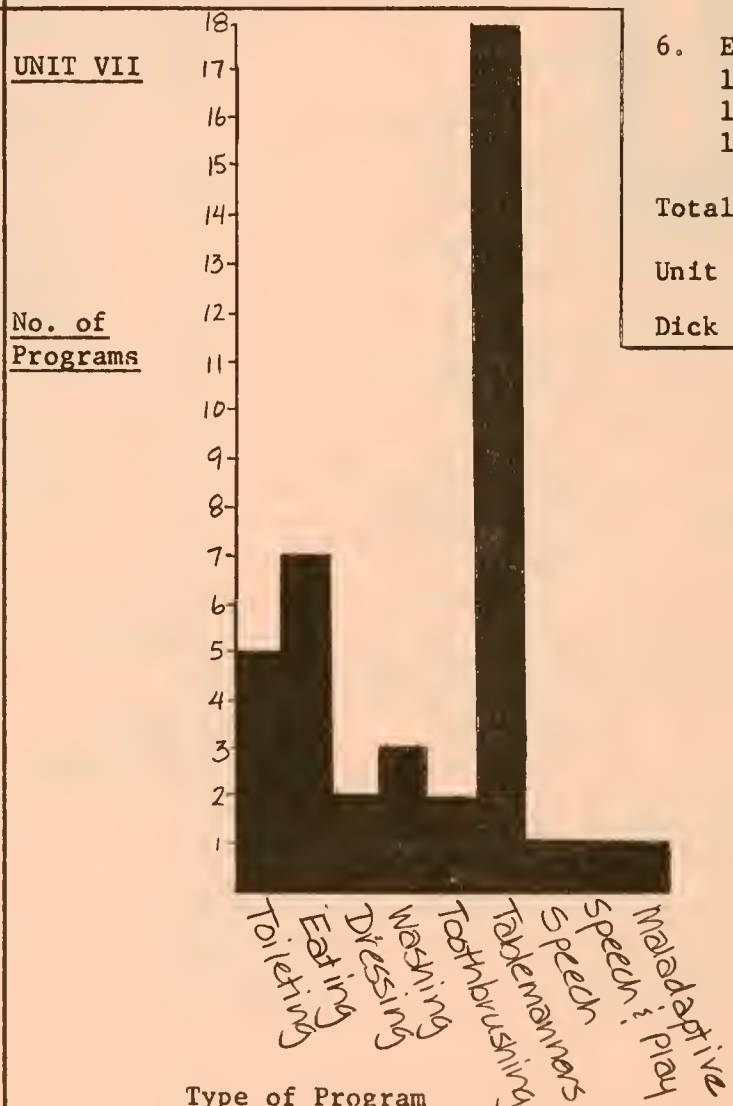
Trainers:

1. Rhoda Donnell, 16C
 1 dressing
2. Jack Sage, 16C
 1 feeding
3. Ed Tregidga, 16C
 1 feeding
4. George Zable, 16C
 1 walking

Total programs: 4

Unit Supervisor: Dan Wooley

UNIT VII



Trainers:

1. Mary McMahan, C-15
2. Margaret Olson, C-15
3. Georgia Rogers, C-15
4. Brenda Sanddal, C-15
5. Carol Wade, C-15
6. Denise Williams, C-15
7. Jerry Wustner, C-15

Total programs: 40

Unit Supervisor: Kathy Byrne

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the Boulder Behaviorist

STATE DOCUMENTS

Vol. II No. 4 [redacted] Boulder River School & Hospital Boulder, Montana 59632 February 25, 1974

BEEP: NEW EMPHASIS

by Patty Hathaway, BMS

Over the past few weeks new plans have been made for the Boulder Environmental Enrichment Project.

Since BEEP's birth, November 5, 1973, training has been done with two separate groups of residents. In the morning, lower functioning residents have been trained in such self-help skills as snapping, zipping, buttoning, shoe-lacing, bedmaking and speech. In the afternoon, higher functioning residents have been trained in independent living skills such as simple cooking, clothes washing and drying, table-setting, tablemanners, time-telling, and money-handling. In the near future, each resident in the morning group will have been phased out of the program upon graduation from at least 60% of the programs he or she is presently enrolled in. They will be replaced by a group which will attend BEEP from about 8:00 a.m. to 4:30 p.m.

The primary reason for this change is that we feel that we can best utilize the BEEP facility, a simulated home environment, to train high functioning, placeable residents in community living skills. BEEP will also admit residents to its program who could be placed if they learned a specific skill. Some of the residents in the present afternoon group will remain in the program and new ones will be added. Selection of residents will be based upon age, level of skill acquisition, kinds of skill deficits, and information from social workers regarding proximity to placement.

One reason why many placements fail is that the adjustment from living in an institutional setting to a community setting is so difficult. Our goal in BEEP is to "pre-train" residents for this adjustment to community living by systematically training them in simulated settings at BRS&H and subsequently in actual community settings. It is hoped that this procedure will augment generalization and maintenance of these skills.

ROBERT F. PETERSON CONSULTS AT BRS&H

Dr. Robert F. Peterson of the University of Nevada consulted with the Title I program at BRS&H on February 20 and 21. He also addressed a Wednesday evening meeting of the Montana AABT and offered some thoughts on the value of various non-behavioral approaches to therapy. Peterson feels that even though a strict behaviorist approach offers an effective tool for therapeutic change, it misses some of the important facets of human relationships. He also pointed out that behaviorists tend to define their reinforcers too explicitly; trainers should give reinforcement more spontaneously and naturally. Both adults and children can sense when compliments are insincere.

Dr. Peterson spent much of his time at BRS&H involved in discussion of program planning in the Boulder Environmental Enrichment Program (BEEP) and in the school. Many valuable suggestions were made and are currently under discussion for possible implementation.

In summarizing some of his observations of the Title I program, Dr. Peterson noted that "the responsibility for carrying out programs was delegated effectively," and that "the morale of the staff was exceptionally high."

Keith McCarty, Superintendent
Gerald F. Butcher, Assistant Superintendent
Janice Frisch, Chief, Bureau of Social and Behavioral Services
Richard Swenson, Ph.D., Director, Title I
Barbara Holum, Editor
Larry Kerzenmacher, Production

Dr. Peterson received his Ph.D. from the University of Washington in 1965 under Donald Baer. Before going to the University of Nevada, he was at the University of Illinois for five years, where he worked with Sidney Bijou. He is probably best known for his work in imitative behaviors, although he has published in such areas as training parents as behavior therapists, home intervention, classroom intervention, behavior modification with autistic children and methodology.

SPECIAL WALKING PROGRAM IN SAC
by Mark Taleff, BMT

A recent arrival to Cottage 15, Susie W., began a new program on February 1st to learn how to walk, wearing her "short-leg" brace. Eleven-year old Susie was transferred from the non-ambulatory unit to receive intensive walking training. The program, designed by BMS Kathy Byrne and administered by the cottage staff and physical therapy, involves the use of a pulley that moves along a 30-foot suspended cable. A rope of adjustable length is attached to the pulley and a wooden handle is fixed to the rope, allowing Susie to walk the width of the cottage dining area supporting her weight on the rope. Program steps call for progressive lengthening of the support rope, thus encouraging Susie to support more of her own weight as she walks. Four or five training sessions, each about 15 minutes long, are conducted each day.

The general goal of the program is for Susie to gain enough independent mobility to permit participation in other services and programs offered in the cottage. Susie's progress in the new program has been slow but noticeable and encouraging.

64 STEP AND 14 PROGRAM GRADUATIONS IN TITLE I PROJECTS

In the period from January 31 to February 19, there were a total of 64 step graduations in the three largest Title I projects. Of these, 28 were in BEEP, 19 in Cottage Life and 17 in SAC.

In the same period, there were 14 program graduations. Of these, 8 were in BEEP where Susan F. graduated from her snapping, haircombing, shoe lacing and bedmaking programs, Coni M. graduated in shoe lacing; Arthur G. graduated from his expressive speech and shoe lacing programs; and John H. graduated in hair combing.

SAC had 4 program graduations with David E. graduating from his socks dressing program, Brett I. in clothes folding, Kim D. in hand and face washing and Teddy K. in snapping. The Cottage Life project had 2 program graduations--Nancy E. and Judy M. graduated from the self-initiation phase of toilet training.

RAPID TOILET TRAINING NEWS
by Tom Seekins, BMT

All three Cottage 14 residents who have received intensive toilet training are presently in the maintenance stage of training. During this phase, the cottage staff is responsible for conducting the training and data collection on a full time basis. This procedure has been effective and only six accidents, one for each of the recent graduates and four for the first trainee, have been reported over the last ten days. This is a significant improvement. Congratulations are in order to the entire Cottage 14 staff for a job well done.

ADVICE COLUMN

The following problem and solution was drawn from the files of Cottage Life's Referral Committee.

Dear BB,

What can I do with a chronic "biter?" There's a girl in my unit, Janice, who bites herself repeatedly each day, chiefly on both forearms. She also bites others occasionally. To complicate problems, she's blind and confined to a wheel chair because she can't walk. She likes music and being talked to.

Wants to Help

Dear Wants to Help,

I can imagine how easy it would be for Janice to develop behaviors that break the monotony of sitting in darkness most of her day. It's probably easy for staff to pass over Janice. For her to hear someone yelp when bitten is probably quite a thrill and biting herself probably results in attention she wouldn't receive otherwise--medical concern for her wounds, scoldings, people publically referring to her as a "special problem" or someone lavishing her with tender loving care following a biting episode.

A program designed to eliminate Janice's biting of herself and others must insure that none of these possibly reinforcing events occur after she has bitten. The program must also insure that she receives much reinforcement for non-biting behaviors. Janice should frequently be praised and talked to by members of each shift when they notice she is not biting herself or anyone else. Other possibilities for reinforcement would be to turn on the music in the ward or give her some type of musical toy (crank-type music box, musical animal) or simple instrument (harmonica, kazoo).

When Janice is found biting someone, a staff member should simply say to her, "You are upset, Janice; you need to relax, You will go to bed for a while. I'll tell you when you can get up." Put her to bed for 15 minutes, without toys or anything to amuse her. When her time in bed is up, no mention of the incident should be made except that she may get up now.

To help prevent Janice from biting herself, you might put some distasteful, nonharmful substance on her forearms, where she typically bites. To make this substance stick to her skin for longer periods, it could be mixed with vaseline or mongoloid cream. The pharmacist could recommend an appropriate substance.

Furthermore, if or when Janice is found biting herself, she should be ignored until she stops. That may sound cruel, but consider the effects of not ignoring her. Any attention she gets for self-biting will reinforce the behavior, making it persist. Remember that her future welfare depends on consistently applied consequences now. The only exception to this would be if it is apparent that she is doing serious physical harm to herself. When this is the case you must, of course, intervene.

In general, Janice's environment should be made as stimulating and pleasant as possible. Efforts should be made to keep her busy and to make her feel special when she isn't a problem.

EVALUATING A TRAINER'S SKILLS

Just as it is necessary to provide feedback to residents for their performance in the training session, it is also important to provide the trainer with relevant feedback concerning his performance. In order to objectively evaluate a trainer's performance, certain behaviors crucial to good training must be defined in advance. These behaviors are incorporated into a Trainer Proficiency Scale (TPS). The TPS presented here was adapted by Kathy Byrne, Margaret Douglas and Patty Hathaway from Luke S. Watson's model. To evaluate a trainer's performance using the TPS, an observer watches an actual training session in progress, checking each behavior listed. The evaluator then codes each trainer behavior in the following way:

✓ - no errors
0 - needs improvement
NA - not applicable

The behaviors evaluated are as follows:

Preparation

☐ 1. Correctly prepares room and materials before bringing in subject.

☐ 2. Positions subject for maximal trainer efficiency.

☐ 3. Starts with correct step.

Cuing

☐ 4. Demonstrates the behavior correctly.

☐ 5. Gives subject's name before command.

☐ 6. Gives command with clear, firm voice.

☐ 7. Keeps commands short.

☐ 8. Gives subject time to respond before giving another command.

☐ 9. Does not repeat commands too often (more than twice).

☐ 10. Always uses prompts when necessary.

☐ 11. Uses prompts correctly.

☐ 12. Attends to subject completely during trial.

Reinforcement

☐ 13. Finds an effective reinforcer.

☐ 14. Uses small quantity, if primary reinforcer is used.

☐ 15. Pairs verbal reinforcement with primary reinforcement.

☐ 16. Gives reinforcer immediately.

☐ 17. Gives reinforcer consistently.

☐ 18. Gives reinforcer enthusiastically.

☐ 19. Always gives reinforcement contingently, (i.e. was subject always reinforced when demonstrating the target behavior and never for a behavior that isn't being trained

☐ 20. Does not give too much reinforcement for previously learned behaviors.

☐ 21. Changes reinforcement if necessary.

Taking Data

☐ 22. Records subject's performance during training sessions (on data sheet, scratch paper, tape on arm, etc.).

☐ 23. Fills out data sheet correctly.

At the completion of the training session, the observer discusses the results of evaluation with the trainer, providing positive feedback and offering suggestions where appropriate. The trainer receives an overall rating of his performance based on a percentage of correctly performed behaviors.

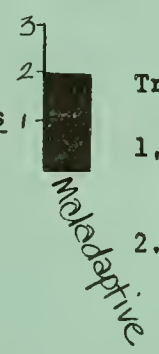
It is also helpful to videotape the training session and then review it immediately after the session. This provides the trainer with valuable visual information on his performance and often illustrates factors of which the trainer may have been unaware.

The TPS has been incorporated into Title I's program evaluation activities. Each behavior modification technician is evaluated by his or her BMS each month. Besides providing a trainer with the positive feedback he needs to maintain his training skills, the evaluation makes him more aware of the behaviors that are vital to being a good trainer.

92 PROGRAMS BY ATTENDANT COUNSELORS

The following figures represent by number and type the 92 training programs done by AC's during the weeks of January 29 to February 8:

UNIT I



Trainers:

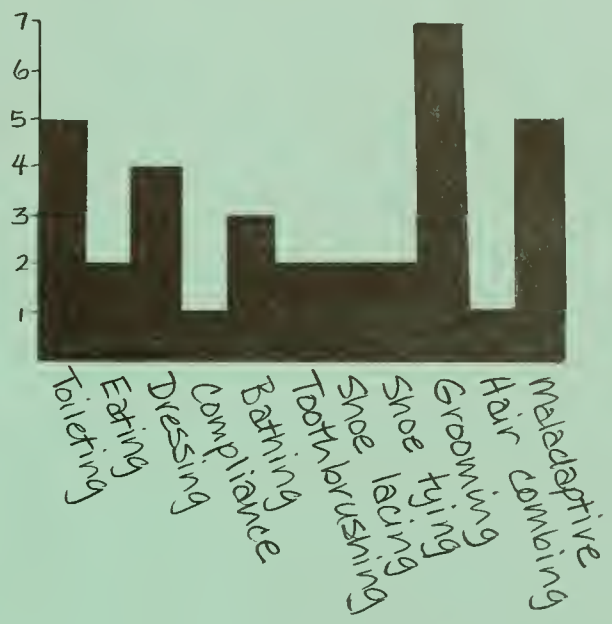
1. Gladys Frank
 1 maladaptive

2. Raelene Tuszynski
 1 maladaptive

Total programs: 2

Unit Supervisor: M.L. O'Hara

UNIT II



Trainers:

1. Alma Adams, C-6
 1 eating
 1 grooming
 1 hair combing

2. Myrtle Hungerford, C-6
 1 toileting

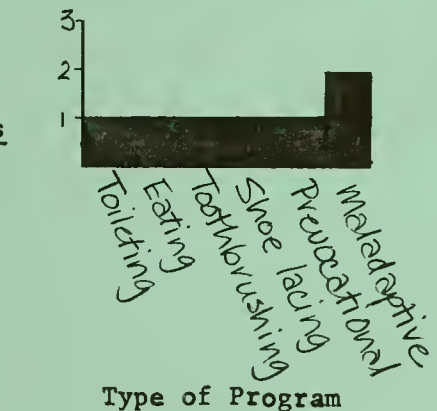
3. Russell Jerome, C-6
 1 toileting
 1 dressing
 2 shoe lacing

4. Linda Love, C-6
 1 bathing
 1 compliance

5. Linda McGarry, C-6
 2 maladaptive
 1 eating
 4 grooming

6. Helen Munson, C-6
 1 toileting
 1 maladaptive

UNIT III



Trainers:

1. Penny Blackwood, C-5
 1 toileting

2. Raineda Cantella, C-5
 1 maladaptive

3. Jean Day, C-5
 1 maladaptive

4. Tom Kilmer, C-9
 1 eating
 1 toothbrushing
 1 prevocational
 1 shoe lacing

Total programs: 7

Unit Supervisor: Bob Fleege

UNIT II - continued

7. Betty Penner, C-6
 2 toileting
 1 dressing

8. Mary Rounsville, C-6
 2 shoe tying
 2 dressing

9. Alice Sheehan, C-6
 2 grooming

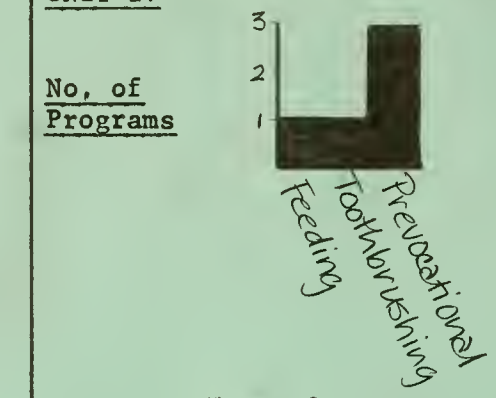
10. Ed Sheehan, C-6
 1 maladaptive
 2 bathing

11. Grace Stoumbaugh, C-6
 2 toothbrushing
 1 maladaptive

Total programs: 34

Unit Supervisor: Al Glasser

UNIT IV



Trainers:

1. Alma DeMers, C-11
 3 provocational

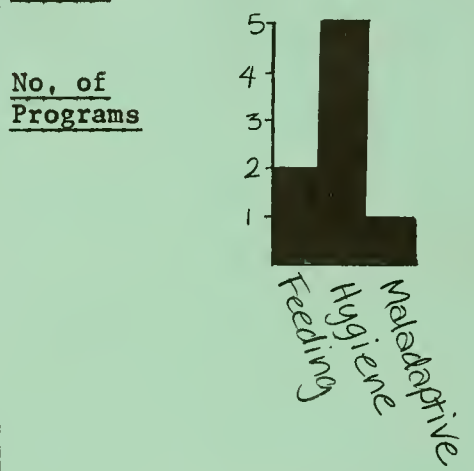
2. Norma Johnson, C-4
 1 toothbrushing

3. Karen Wheeler, C-4
 1 feeding

Total programs: 5

Unit Supervisor:
Dave Anderson

UNIT V



Trainers:

1. Alex Cameron, C-1
 2 hygiene

2. Entire C-1 Staff
 1 maladaptive

3. Dorothy Felland, C-1
 2 hygiene

4. Lois May, C-1
 2 feeding

5. Ed Shea, C-1
 1 hygiene

Total programs: 8

Unit Supervisor:
Dick Sonsteng

UNIT VI

None reported.

Unit Supervisor:
Dan Wooley

UNIT VII

Trainers:

1. Mary McMahan, C-15
 1 dressing
 2 washing
 8 tablemanners

2. Margaret Olson, C-15
 2 toileting
 8 tablemanners

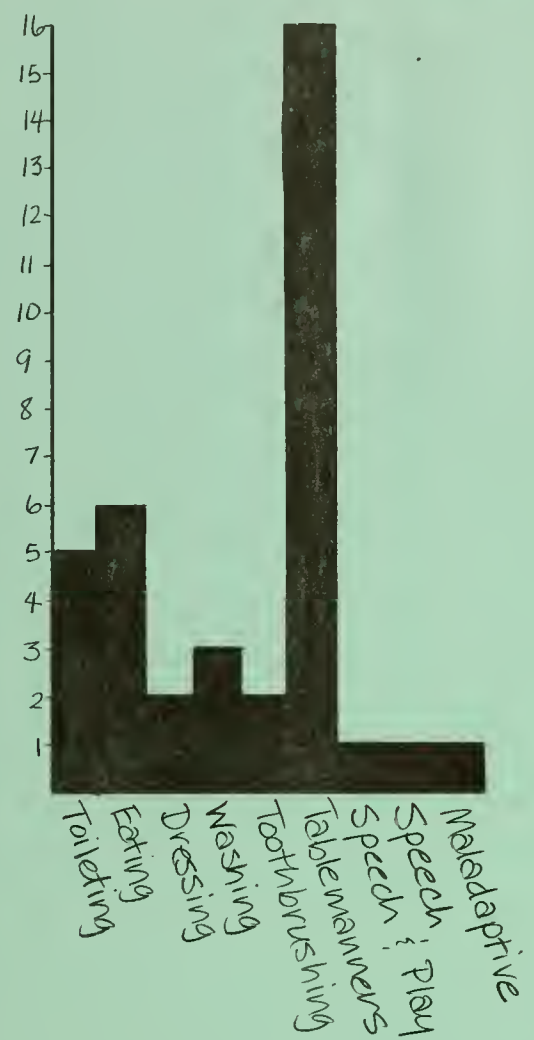
3. Carol Wade, C-15
 4 feeding
 1 maladaptive
 1 speech

4. Georgia Rogers, C-15
 3 toileting
 1 dressing
 2 feeding
 2 toothbrushing
 1 washing
 1 speech and play

Total programs: 37

Unit Supervisor:
Kathy Byrne

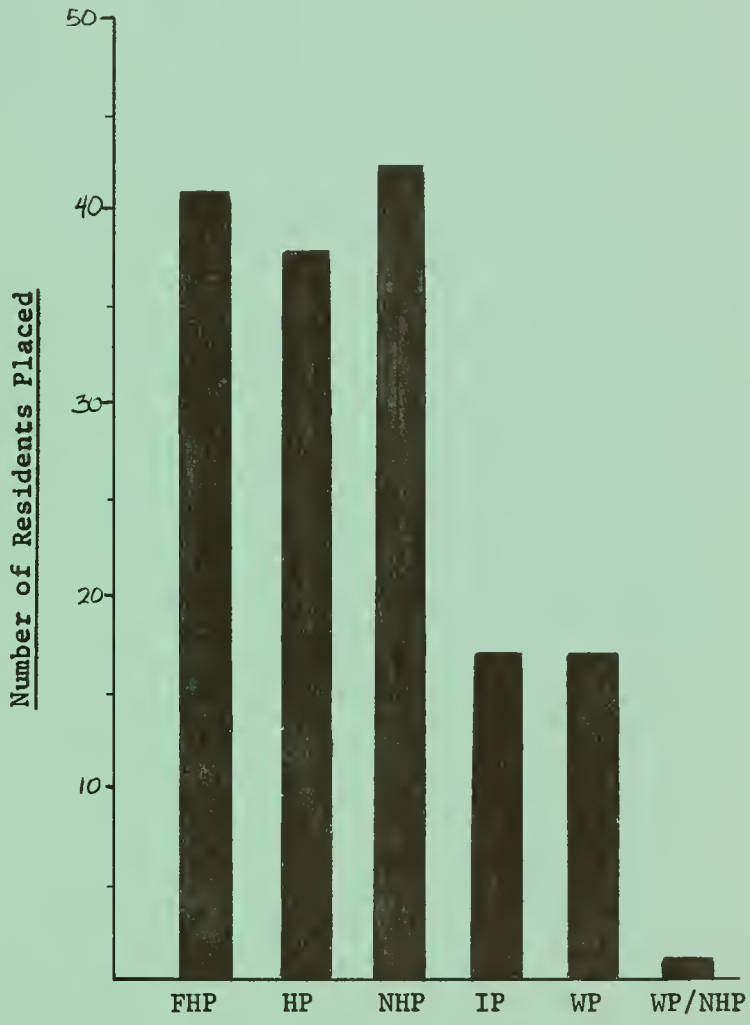
UNIT VII



Types of Placements

July 1972 to December 1973

N = 156



TYPES OF PLACEMENTS SUMMARIZED

The following placement data were gathered by the Social Services Department at BRS&H and were summarized by Sanford Hostetter, Research Analyst. Indicated by histogram are the number of residents placed in various community settings during the eighteen month period: July 1, 1972 to December 31, 1973. Placements are defined as a change in the resident's actual living situation; specifically, leaving BRS&H to permanently reside in one of the various community settings.

FHP = Foster Home Placement
HP = Natural Home Placement
NHP = Nursing Home Placement
IP = Institution Placement
(e.g. Warm Springs)
WP = Work (job) Placement
WP/NHP = Work/Nursing Home Placement

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the Boulder Behaviorist

Boulder River School & Hospital
Vol. II No. 3 Boulder, Montana 59632 February 6, 197

RAY FOSTER CONSULTS AT BRS&H

Ray Foster, one of the authors of the AAMD Adaptive Behavior Scale and an author of over 50 papers, books and convention presentations, consulted with the Bureau of Social and Behavioral Services and the Title I Program at BRS&H on January 29 and 30. Foster also addressed the January 29 meeting of the Montana AABT on "Behavior Modification in Mental Retardation." Foster currently operates his own consulting agency, Camelot Behavioral Systems, Box 607, Parsons, Kansas and has expertise in developing accountability systems, staff training programs, and comprehensive training programs for retarded people. Furthermore, Foster shares his extensive experience with such articulation and enthusiasm that he generates inspiration for any listener.

Ray Foster has held faculty appointments at colleges and universities in Texas, Colorado and Illinois. He was the Director of an H.I.P. Grant in Dixon, Illinois, which was highly successful in applying behavioral techniques to the residents. He was then Clinical Director of the State Home and Training School at Pueblo, Colorado. From there he went on to serve as Administrative Assistant for Research and Development for a private health care corporation in North Aurora, Illinois. It was there that he prompted and helped design a facility-wide Code of Conduct which specifies those behaviors that are maladaptive and how each should be consequated by the staff.

Code of Conduct

Rather than supposing that each employee will intuitively know which behaviors to consequate and how, he compiled a list of behaviors that were considered inappropriate and a procedure for dealing with each. To finalize the list, many revisions by other staff were necessary. He drew the analogy that in the community we are, at least in theory, all subject to the same Code of Conduct. Our Code of Conduct is found in state and federal laws, which tell us that a behavior that is inappropriate for one person is inappropriate for all people.

Dealing with inappropriate behavior in most institutions is crisis-oriented. The behaviors that haven't reached crisis proportions are not usually dealt with because of the time limitations involved in designing an individual program for each. Staff, then, typically only have time to deal with the most severe behavior problems.

A consistently enforced Code of Conduct in an institution alleviates most behavior problems and virtually removes the necessity of this "crisis approach" to solving behavior problems. Data on these behaviors are kept by recording their frequency on individual resident cards. Individual programs are designed for the behaviors the Code of Conduct doesn't affect.

Foster's Code of Conduct is also a protection of residents' rights, as it specifies which behaviors should not be controlled. This prevents residents from being subjected to the various value systems of each individual staff member. Before any new employee can go to work he must show a working understanding of the Code of Conduct and be proficient in consequating behaviors appropriately. All employees are retested periodically. At the last testing, 80% of the North Aurora Center staff showed up voluntarily for their re-test.

Keith McCarty, Superintendent
Gerald F. Butcher, Assistant Superintendent
Janice Frisch, Chief, Bureau of Social and Behavioral Services

Richard Swenson, Ph.D., Director, Title I
Barbara Holum, Editor
Larry Kerzenmacher, Production

Lattice Approach

When confronted with some of the knotty issues that exist in our institution, Foster imparted his philosophy that a complex problem is only two or more simple problems, each which must be solved individually. To do this, he recommends using a lattice approach, a model encouraged by James F. Budde of Project MORE in Parsons, Kansas. The lattice systems approach is a process used to solve a complex problem by identifying problem components through analysis, by determining and selecting alternative solutions and by synthesizing a sequence of solutions.

Staff Training

Foster also explained an extensive self-paced behavior modification staff training program that consists of 56 units of instruction. The advantage of such a system is that although there is considerable variability in the amount of time it takes staff to complete the program, there is little variability among staff in their expertise when they've finished. No one progresses to a new unit of instruction until he shows a clear understanding of the current unit. Foster emphasized that administration of the system is absolutely non-punitive and is gradually faded from one person to others who have passed the course.

Foster maintains that criteria for job advancement should be measurable job performance factors instead of indirect measures such as level of education, life style, etc. Job performance should be evaluated in terms of clearly defined goals; the actual attainment of goals is the only real index of employee productivity. Furthermore, if employees who produce at high levels are going to continue to do so, they must be rewarded. The system in which people work should insure that realistic goals are set so that payoffs will be likely to occur.

Some peo[redacted]ated, assume that simply <u>understanding</u> reinforcement techniques removes the necessity for payoffs to maintain their own behavior. He warns against this specious understanding of the principles of behavior and calls it "thinking magic." Staff operate under the same principles they use to teach residents, hence, they must arrange payoffs for their own good performance.

Homogeneous Grouping

Foster is an advocate of homogeneous groupings in residential facilities for mentally retarded people. He recommends grouping residents together who have similar behavioral deficits. This approach allows the direct care staff to specialize in the particular training programs appropriate for the level of their charges. This prevents expecting direct care staff to be proficient in programs appropriate for every level of development--an almost impossible task. The approach also adds an incentive to residents to progress through skill acquisition so they can be graduated to a higher level cottage. Foster pointed out that by homogeneously grouping residents, the maintenance aspect of programming is easier to implement. Attendants thus know that all the residents in a cottage have already mastered a specified skill performance.

Humanizing Practices

Foster is also an avid advocate of institutionalized residents' right to humanizing practices. He explained a procedure he was involved in to promote humanization in an institution. First, a committee determined all the dehumanizing policies that were currently practiced and secondly, delineated solutions to eliminate these practices.

Administrative Systems

Foster has experience with administrative management systems that insure defined, written goals in behavioral terms

by the institution and every department in it. Such a management system insures that departmental goals are supportive of, not conflicting with, each other. It also facilitates regular monitoring and the provision of feedback by the administration. This procedure removes the possibility that administrators are unaware of a problem until it has festered for months and finally becomes a crisis.

Ray Foster is one of those rare individuals who is constantly aware that all people thrive on reinforcement and that the systems we operate in must make contingent rewards accessible for defined behaviors. He left the staff of BRS&H feeling that no problem is unsolvable.

A CHALLENGE FOR BEHAVIORISTS

The Institute for Behavioral Research is planning to sponsor a collection of articles on the topic: How Morals and Ethics Are Learned. The book they are compiling will deal with the learning of moral behavior and plans of action to improve the nation's ethics.

The Institute feels a publication of this nature "would be very significant since there is widespread lawlessness in America--robbery, tax evasion, shoplifting, Watergate and countless other crimes." It invites behaviorists to address themselves to this challenging issue.

The Institute invites interested parties to submit articles which would be considered for inclusion in the book. Articles should be sent before May 1st to:

Institute for Behavioral Research
1088 Lincoln Avenue
P.O. Box 8711
San Jose, Calif. 95155

STEP AND PROGRAM GRADUATIONS IN TITLE I PROJECTS

In the period from January 17 to 30, there were a total of 56 step graduations in the three largest Title I projects. Of these, 24 were in SAC, 16 in BEEP and 16 in the Cottage Life Project.

In the same period, there were 5 program graduations. In SAC, Scott C. graduated from his snapping program, Pat from hand and face washing and Todd K. from his socks dressing program. In BEEP, Arthur G. graduated in buttoning and in Cottage Life, Patty K. graduated from her shirt dressing program.

BMT POSITIONS AVAILABLE

The Title I project currently has several positions open for Behavior Modification Technicians. The BMT position requires a bachelor's degree in psychology or in a related field plus experience in the use of behavior modification techniques. Direct training of mentally retarded residents in basic self-help skills is the main job duty of the BMTs. The position pays $642-698, depending on experience. Inquiries should be sent to Ron Langworthy, Assistant Director of the Title I Project.

ADVICE COLUMN

The following problem and solution was drawn from the files of Cottage Life's Referral Committee.

Dear BB,

I'm at my rope's end. A resident in my cottage, K.S., has been throwing rocks through and at car windshields and breaking off car antennas with a high degree of frequency recently. He also attempts to break dorm windows, poke people in the ribs and is overly aggressive to other residents. Where do I start? He does like to play ball.

About to Break

Dear About to Break,

Every effort should be made to engage your resident in various school, recreational or work area activities so that his time is occupied as constructively as possible. These activities should be made as reinforcing to him as possible. If he doesn't enjoy the

activity in itself, food reinforcers (e.g. saltines, graham crackers) should be used. If food is used, he should gradually be required to spend more and more time engaged in the activity in order to earn the reinforcer.

Since your resident enjoys playing ball, this would be an ideal reinforcer to be made available to him for not having engaged in any destructive or aggressive behaviors for a specified period of time. For instance, every morning and every afternoon during which K.S. does none of the aggressive behaviors, his group leader would play ball with him for fifteen minutes. Eventually the group leader may want to fade himself out of the ball-playing by slowly introducing other residents into the activity. This activity would then additionally serve to reinforce K.S.'s appropriate social interaction with other residents.

Since staying in the cottage is incompatible with destructive attempts at cars, staff should give K.S. lots of reinforcement (attention, crackers, praise) when he is in the cottage and not engaging in any destructive or aggressive behaviors.

Along with these reinforcing practices, a set procedure must be consistently implemented by staff each time an act of aggression occurs. For example, K.S. could be made to stand in a corner facing the wall with his arms extended over his head and his hands against the wall for 15 minutes. He should be told simply, "No, K., poking others is wrong and you will have to stand here for a while. I will tell you when you may leave." No additional attention of any kind (e.g. talking about him or scolding him) should be given K.S. during this time out period.

If K.S. attempts to leave the corner before the time is up, he should be sent back immediately. It may be necessary to physically keep him in the corner the first few times this procedure is used. Do this by turning your back to him with your arms extended, forming a blockade to prevent him from moving. He will eventually learn that he has to stay in the corner when sent there and that it is less aversive to stand there independently than to be physically obstructed by another person.

Furthermore, when a disruptive or aggressive episode has occurred, K.S. should not be allowed outside for the remainder of that day and should be restricted from any scheduled activity that he enjoys.

The key to this program's success will be insuring that K.S. does receive much reinforcement when he isn't aggressive and does relinquish powerful reinforcers when he is. This will require the cooperation of all staff members who deal with him. Good luck!

RAPID TOILET TRAINING NEWS

by Tom Seekins, BMT

The Cottage Life intensive toilet training program is progressing at a slow but consistent rate. The two residents currently undergoing training, Nancy E. and Judy M., are both one step from graduating into the maintenance phase.

Furthermore, the maintenance procedure for Charlotte C. is running extremely well, thanks to attendant personnel in Cottage 14--Bev Stoner, Mrs. Christensen, Wendy McCrea, Lorraine Tuszynski and Mary Ann Dale. Charlotte C. is the first resident to be trained by the Cottage Life project using the rapid toileting program.

TRAINING BY ATTENDANT COUNSELORS

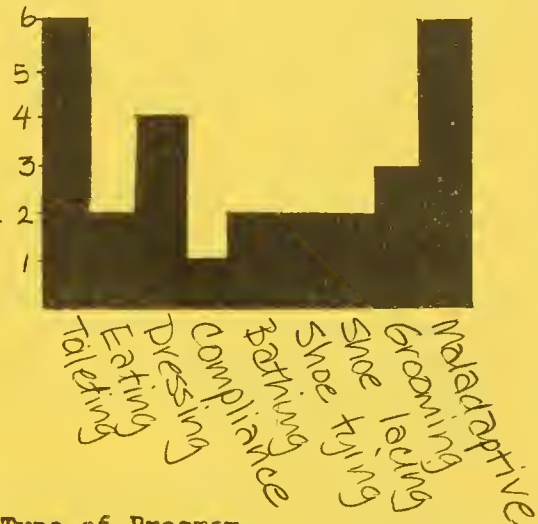
The following figures represent by number and type the training programs done by ACs in each unit during the weeks of December 30 - January 28:

UNIT I

None reported.

Unit Supervisor: M.L. O'Hara

UNIT II



Type of Program

Trainers:

Alma Adams, C-6
Myrtle Hungerford, C-6
Russell Jerome, C-6
Linda McGarry, C-6
Helen Munson, C-6
Betty Penner, C-6
Mary Rounsville, C-6
Alice Sheehan, C-6
Ed Sheehan, C-6
Grace Stoumbaugh, C-6

Total programs: 28

Unit Supervisor: Al Glasser

UNIT III



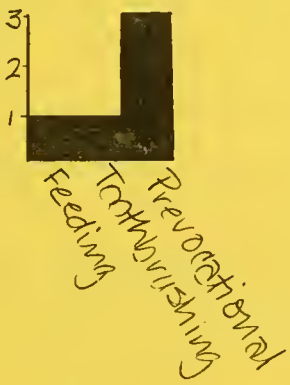
Type of Program

Trainer: Tom Kilmer, C-9

Total programs: 2

Unit Supervisor: Bob Fleege

UNIT IV



Type of Program

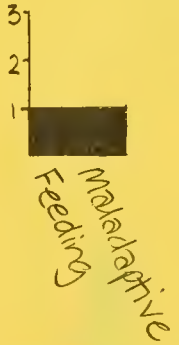
Trainers:

Alma DeMers, C-11
Norma Johnson, C-4
Karen Wheeler, C-4

Total programs: 5

Unit Supervisor: Dave Anderson

UNIT V



Type of Program

Trainer: Dorothy Magee, C-1

Cottage 1 Staff: Elimination of tantrums with Arnold H.

Total programs: 2

Unit Supervisor: Dick Sonsteng

UNIT VI

None reported.

Unit Supervisor: Dan Wooley

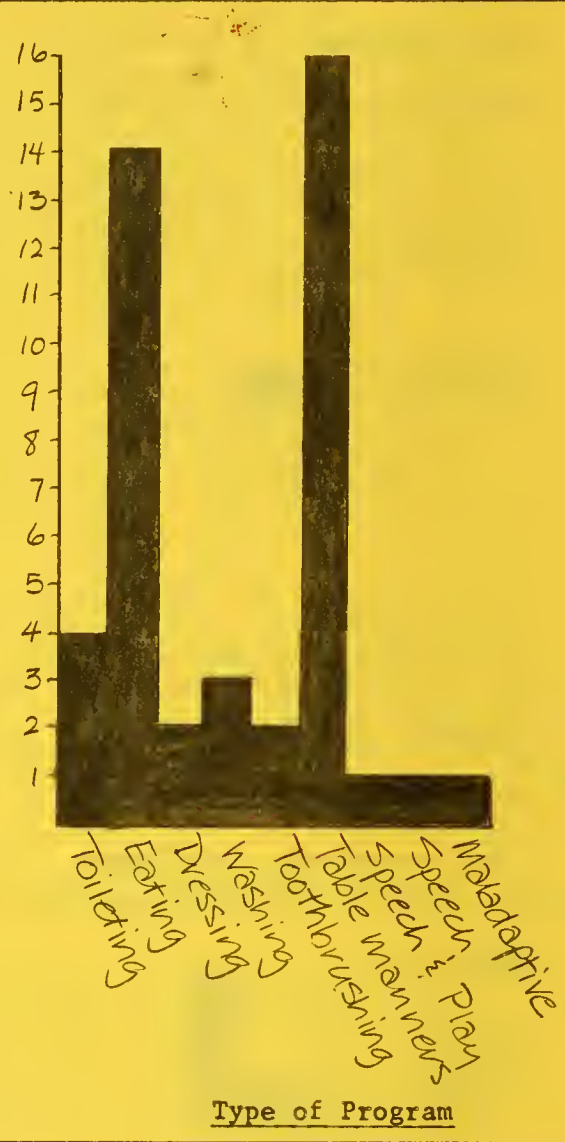
UNIT VII - Trainers:

Mary McMahan, C-15
Margaret Olson, C-15
Georgia Rogers, C-15
Carol Wade, C-15

Total programs: 44

Unit Supervisor: Kathy Byrne

UNIT VII



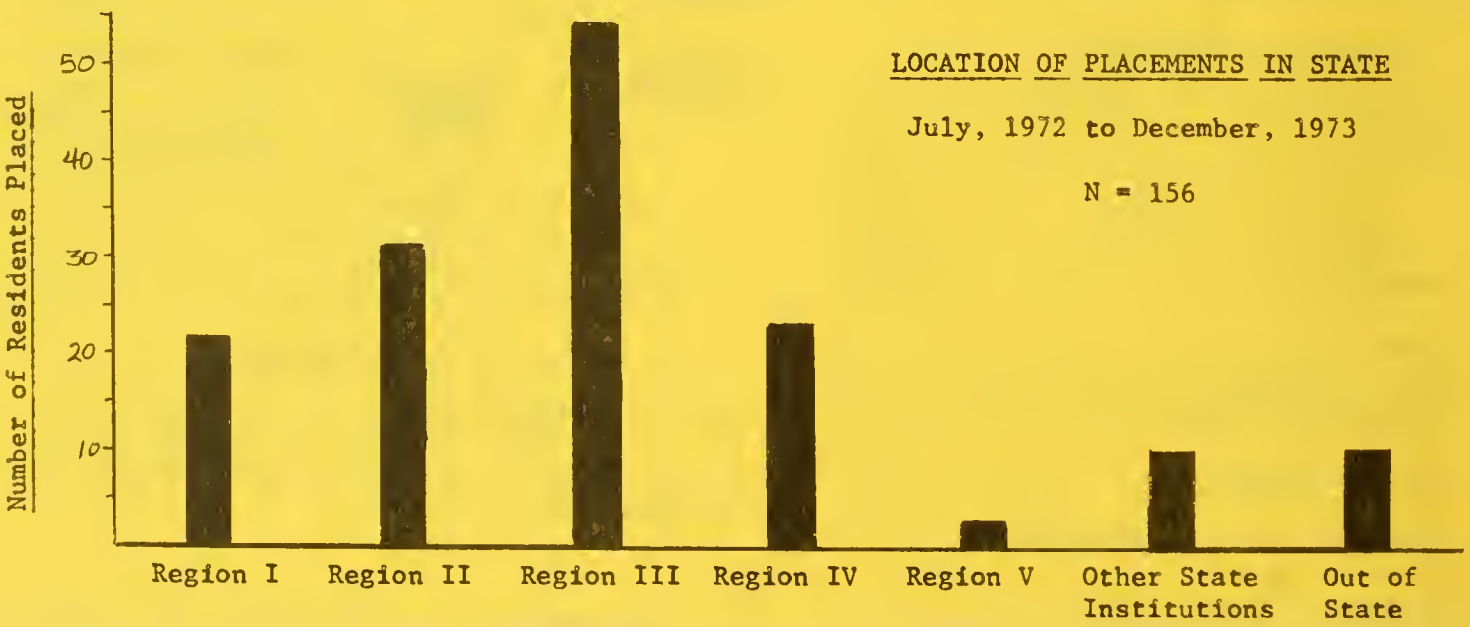
PLACEMENTS IN THE STATE

The following placement data were gathered by the Social Services Department at BRS&H and were summarized by Sanford Hostetter, Research Analyst. Indicated by histogram are the number of residents placed in various locations in the state during the eighteen month period: July 1 1972 to December 31, 1973. Placements are defined as a change in the client's actual living situation; specifically, leaving BRS&H to permanently reside in one of various community living situations.

LOCATION OF PLACEMENTS IN STATE

July, 1972 to December, 1973

N = 156



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The Boulder Behaviorist

Boulder River School and Hospital
Vol. II No. 2 Boulder, Montana 59632 January 18, 1974

WORKSHOP HELD AT BRS&H

On January 3 and 4 approximately 14 staff from Eastmont Training Center in Glendive attended a behavior modification workshop at BRS&H. Accompanied by Eastmont's Acting Superintendent, Jerry Hoover, the staff received four hours of lecture on behavior modification principles, participated in a demonstration workship which allowed them to do actual programs, and toured the institution's facilities. They also spent time observing training programs in SAC and BEEP.

Reactions to the workshop were good. All participants reported that they felt it was a worthwhile experience and that they gained a better understanding of behavior modification. Mr. Hoover indicated that, "It was encouraging to see programs that look as good in action as they do on paper."

HATHAWAY AND MACKAY REPORT ON THEIR VISIT TO WHEAT RIDGE

At the January 16 meeting of the Montana AABT, Patty Hathaway and Jan Mackay gave a presentation on their recent visit to the State Home and Training School in Wheat Ridge, Colorado on January 10 and 11. While at Wheat Ridge, they toured the facilities, observed a classroom in progress, talked with staff members and watched several training programs.

The two returned from their visit with a wealth of information and ideas. Of particular interest to them were the non-ambulatory unit and the Occupational Therapy department which is deeply involved in neuromuscular facilitation. The materials and information they received in this area will be valuable resources in programming for the non-ambulatory unit at BRS&H.

SOME TITLE I EVALUATIVE PROCEDURES

by Jon Hartzler and George Siverts

The behavior modification program at BRS&H is evaluated from two major perspectives: 1) resident behavior, and 2) trainer behavior. Results are periodically made available to the staff, providing feedback about training progress. Also, this information is used in planning future behavior modification activities.

Resident behavior changes are measured by several techniques. First, data recorded during training are used to measure progress in skill acquisition. Raw data sheets are sent to the data analysis lab for incorporation into the project data. In addition, baseline and training data are periodically graphed by the trainer, providing visual indication of progress. These records are permanently stored in a central behavior modification file after a program has been terminated.

Another measure used to monitor resident behavior changes is the independent function (IF) score from the Adaptive Behavior Scale (ABS). This measure, taken three times a year, reflects how well residents generally care for their daily needs, such as eating, dressing, and toileting. The ABS provides a broad assessment of individual and group gains associated with our three training projects: SAC, BEEP and Cottage Life.

A third technique, the social inventory, measures the frequency of various adaptive and maladaptive behaviors exhibited by individuals before, during and after training. The social inventory is a "behavioral picture" of residents and measures changes in behaviors which are not specifically trained in the program.

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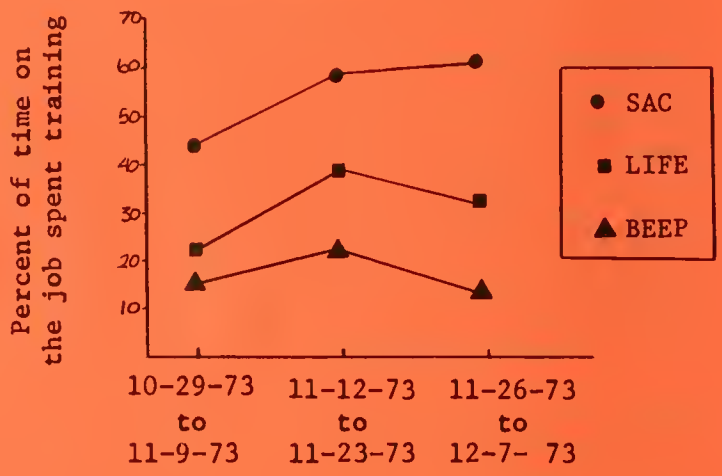
For example, a resident may learn how to dress himself, and as a result, the frequency of a somewhat incompatible response, such as clothes ripping, may decrease. More details about the social inventory will be included in a future article. Together, these three techniques enable us to accurately determine whether or not training is having a general beneficial effect on the behavior of residents who receive behavior modification training.

Trainer behavior is evaluated by three measures. The first is to determine the percentage of training sessions planned which are actually completed. This gives an indication of the amount of interference we are encountering in carrying out our programs. Reasons for incompleted sessions are roughly divided into two categories: unavailability of the resident (e.g. sickness, vacation, etc.) and unavailability of the trainer (e.g. unscheduled meetings, sickness, etc.). The second measure is the percentage of time on the job actually spent in training. This aids us in planning activities in a resident-oriented way. Both of these measures are computed for individual trainers and for each of the three projects as a whole. Comparisons of these two different approaches show different efficiencies and provide useful information for planning future behavior modification projects. Figure 1 demonstrates how the three projects compare in training time efficiency over a six week period.

Clearly the SAC approach, with all the residents living in the same building and the trainers based there, is the most efficient in terms of proportion of time on the job spent in actual training. In BEEP, considerable time must be spent in locating and transporting residents, and in Cottage Life, trainers must move around to different buildings during the day. Individual trainer efficiencies provide the trainers with feedback about how they are doing time-wise, and allow objective appraisal of their work by their supervisors.

Figure 1.

TRAINING TIME EFFICIENCY



Another measure is the trainer proficiency scale (TPS), which was adapted from Luke S. Watson's scale by Kathy Byrne, Margaret Douglas and Patty Hathaway. This scale is used to measure the quality of the training being done by the behavior modification staff. Training sessions are observed periodically by BMSes and immediately following each session, trainers are rated on 23 items which fall into the following categories:

1) Preparation (e.g., does the trainer position the resident optimally?)

2) Reinforcement (e.g., does the trainer give too much reinforcement for previously learned behaviors?)

3) Prompts (e.g., does the trainer use them correctly and only when necessary?)

Trainers are also rated on their data collection procedures, on how well they utilize commands and on how well they are able to maintain the trainee's attention throughout the session. The results from the TPS are discussed with the trainer

after the session and are then passed on to the Assistant Project Director.

PROGRAM GRADUATIONS CHECKED

A resident graduates from a behavior modification program when he reaches some predetermined behavioral criterion. In a dressing program, for example, the resident may be required to dress himself completely on command for three consecutive trials before he graduates. The behavioral gains indicated by a program graduation, however, may or may not be supported by the institutional environment after training has been terminated. In order to help evaluate the "survival" of such gains at BRS&H, a preliminary study of graduations which have occurred in the past was conducted.

Forty-four residents who had graduated from training programs were checked. Among these, six had graduated in hand and face washing, five in dressing, two in secondary dressing, five in toilet training, and twenty-six in compliance. More graduations were not checked in this initial effort because of difficulties encountered in determining the specific target behaviors of many of the past programs. The results of the checks are shown below:

PROGRAM	Exhibited the Skill	Exhibited the Skill with Help	Did Not Exhibit the Skill
Dressing	4	1	0
Secondary Dressing	2	0	0
Hand & Face Washing	5	0	1
Toilet Training	4	0	1
Compliance	20	2	4
TOTAL	35	3	6

While these results indicate good maintenance of the graduations checked, a more thorough investigation will be needed before firm conclusions can be drawn. In any case, it is important to take an active role in protecting the post-treatment environment to insure skill maintenance. A trainer could be assigned to the task of maintaining these skills. In an attempt to do this, we have recently added a position to our program with the responsibility of monitoring skill maintenance. This person will keep records of program graduations and periodically reinforce the performance of these skills, making sure that residents credited with graduations continue to exhibit the skill.

WANTED: SAMPLES OF GRADUATION CERTIFICATES

Title I staff are currently involved in designing a certificate to award residents who have graduated from a training program. These certificates, to be posted in the resident's cottage, would give recognition to both the resident and trainer and would hopefully enhance the maintenance phase of the program.

It would be very helpful to our planners if any institution or facility that is using such a certificate would send a sample.

TRAINING AT BRS&H INCREASES

by Ron Langworthy, Assistant Director
Title I Program

Behavior modification training of residents at Boulder River School and Hospital has increased dramatically within the last five months. Data from both Nursing Services and Title I show increases in the number of residents receiving training and in the total number of training programs. The basis for concluding that an increase has occurred in both Title I and Nursing Services is a comparison of the average number of programs implemented during a period several months ago with an average number of programs implemented recently.

During the sixteen weeks from May 17 to September 6, Attendant Counselors carried out a rather consistent average of 58.9 programs each week. For the past eight weeks this average has increased to 129.0. The average per week has thus increased considerably.

During the month of August, Title I trainers implemented an average of 91 programs each week. This number varied only slightly all summer, but increased quickly in late fall. Here are the numbers of programs carried out daily during two week periods of calculation since the Cottage Life, BEEP and SAC projects have started.

	LIFE	BEEP	SAC	TOTAL
Oct. 13 - Oct. 21	57	56	58	171
Oct. 22 - Nov. 10	58	74	76	208
Nov. 11 - Nov. 24	57	81	78	216
Nov. 25 - Dec. 8	59	87	72	217
Dec. 9 - Dec. 22	51	98	66	215
Dec. 23 - Jan. 5	53	94	66	213

The average number of programs per day carried out by Title I staff over these 12 weeks was 207. The number of Title I trainers has increased since August, so we must report this comparison in terms of the average number of programs implemented by each trainer. If we examine the number of programs done per Title I trainer we find an average of 13 programs per day during the month of August and 19 programs per day over the last 12 weeks. Although a number of minor factors are not controlled in this rather gross comparison, I think we can safely conclude that Title I trainers are implementing substantially more programs now as compared with last fall.

It should be pointed out that to compare data on the number of "programs" implemented is a bit misleading in the first place. This is true because some programs involve training with as low a frequency as once a day, while others, such as toileting, have been carried out as often as 8 or 10 times a day. Each time a program is implemented, a session has occurred. So if we wanted to know how many times each day Title I trainers carry out programs, we would have to multiply the average number of programs, 207, by 2 to find the approximate number of sessions. Two is an estimate of the average number of sessions per program implemented by Title I trainers. A program is acceptable for these data if it satisfies three requirements: 1) has a target behavior; 2) is done five days a week, and 3) has data recorded for it.

What explanations can be offered for the increase in training indicated by this data? A primary reason for the increase in programs reported by Unit Supervisors can be found in the increased emphasis placed on and support for resident training by the Director of Residential Living, Mr. Dick Heard, and the Unit Supervisors.

There are two chief reasons for the increase in training by Title I trainers.

First, as explained previously in the Boulder Behaviorist, Vol. I, No. 25 and 26, Title I has shifted its training emphasis from training and attempting to supervise Attendant Counselors (the triadic model) to more direct training of residents. This decision seems to have been well founded in view of the data presented here. Rather than observing a decrease in training by Attendant Counselors after shifting emphasis away from the triadic model, we observe an increase in training.

Secondly, Title I has generally increased its efficiency, especially in the Data Analysis Lab. The DAL has assumed the responsibility for most data analysis, thus allowing BMTs more time to spend training. Also, training procedures have been standardized to a great extent through the publication of the Program Procedures Manual. The availability of this manual has cut down on the amount of time BMTs spend designing new programs.

STEP AND PROGRAM GRADUATIONS IN TITLE I PROJECTS

In the period from January 5 to 16, there were a total of 51 step graduations in the three largest Title I projects. Of these, 15 were in BEEP, 11 in SAC and 25 in the Cottage Life project.

In the same period, there were two program graduations. Amy N. in SAC graduated from her snapping program and John H. in BEEP graduated from his shoe lacing program.

PROGRAM PROCEDURES MANUAL IS BEING REVISED

We have expended all of our copies of the Program Procedures Manual. However, in late February or early March a revised and somewhat enlarged third edition will be available in greater quantity. The manual outlines training programs and data procedures on all of the major self-help skills. It also contains a glossary of basic terms used in behavior modification, background information on the use of behavior modification techniques, helpful tips in carrying out programs, and some guidelines in eliminating mealtime problem behaviors.

The manual has been developed over the last two or three years as a result of direct training of retarded people by Title I staff and as a result of efforts to train Attendant Counselors in behavior modification techniques. Most of the programs have been used successfully many times; however, a few are comparatively new and have not undergone much revision. The manual is intended for use as a tool by anyone interested in training mentally retarded people, especially the severely and profoundly retarded.

SAC STAFF INTERVIEWED

by Judy Kimler, BMT

After four months in operation, some general reactions of the staff in Cottage 15 to the Skill Acquisition Cottage project have been collected. To do this, short interviews were conducted with two attendants, the cottage teacher, the morning shift supervisor, and two of the SAC behavior modification technicians.

In answer to the question, "Have you noticed any changes since the SAC project began?" everyone remarked on positive changes. Margaret Olson, Attendant Counselor, stated, "Our toilet training projects are going a lot better. You don't find very many wet children anymore. And the children are being taught to talk. I noticed a big change in the dining room. The floor used to be covered with food. It's not anymore." Deane Grenz, the cottage teacher, said, "Many of the children are more involved with their toys. Others, besides those who would normally play with toys, are beginning to play with toys." "The turnover rate has decreased," remarked Mark Taleff, BMT; "This would show that working conditions have improved and there's a feeling of unity holding people

together." Georgia Rogers, who is an Attendant Counselor, noted, "Most of the changes have been in my own programs. They are not carried on just through my shift and then dropped. They are continued throughout the day." The shift supervisor, Carol Wade, said, "With additional training going on, the children are easier to handle because they are busier and more involved."

The question, "What do you feel are some strengths and weaknesses of the present SAC operation?" brought a variety of responses. Deane Grenz felt that it is a strength that "You know what progress is being made here because you are evaluating all the time." Ken Brown, BMT, pointed out that, "The behavior modification programs are being more consistently carried out due to the coordination between school, recreation, and attendant staff. There seems to be a unity as a 'we' effort between all services." "I think the best thing about it is that the training goes on during the full day instead of just an eight hour period," stated Georgia Rogers. Carol and Deane felt that there is a need for increased communication between the behavior modification staff and other services. Deane specifically noted that it would be an improvement to "Have a set procedure that everyone is aware of for dealing with maladaptive behaviors."

Although only a very subjective response could be given to being asked, "Do you think the amount of maladaptive behavior had decreased since the project began this October?", everyone interviewed felt that they had noticed a definite decrease. Carol and Deane both remarked that Cammie H.'s self-destructive behavior has become much less frequent while Georgia commented on several children who have become less aggressive. (The next administration of the social inventory will give us objective information on this.)

To conclude the interview, each person was asked, "Do you think the present project should be continued?" Everyone was emphatically in favor of continuation of the present operation. Mark Taleff seemed to summarize the general response when he said, "It's as close to an ideal situation as exists at BRS&H. Most of the people involved in this project realize this and put in a lot of effort to make it workable, successful, and enjoyable."

TRAINING BY ATTENDANT COUNSELORS

The following figures represent by number and type the training programs done by Attendant Counselors in each unit during the weeks of December 15-29:

UNIT I

None reported. as -

Unit Supervisor: M.L. O Hara

UNIT II



UNIT II - continued

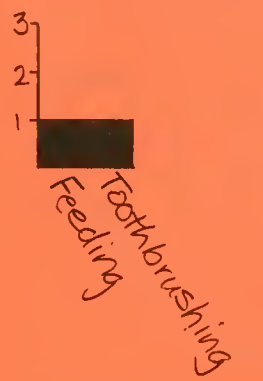
Trainers:

Alma Adams, C-6
Myrtle Hungerford, C-6
Russell Jerome, C-6
Linda McGarry, C-6
Helen Munson, C-6
Betty Penner, C-6
Mary Rounsville, C-6
Alice Sheehan, C-6
Ed Sheehan, C-6
Grace Stoumbaugh, C-6

Total programs: 27

Unit Supervisor: Al Glasser

UNIT III



Trainer:

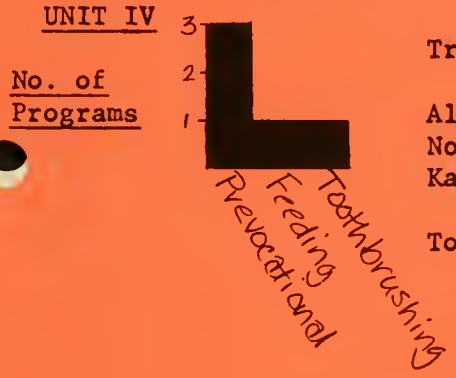
Tom Kilmer, C-9

Total programs: 2

Unit Supervisor:

Bob Fleege

UNIT IV



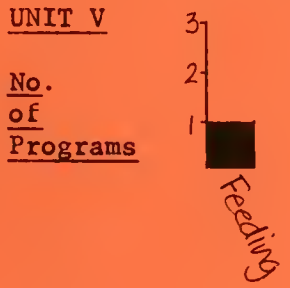
Trainers:

Alma DeMers, C-11
Norma Johnson, C-4
Karen Wheeler, C-4

Total programs: 5

Unit Supervisor:
Dave Anderson

UNIT V



Trainer: Dorothy Magee, C-1

Total programs: 1

Unit Supervisor:

Dick Sonsteng

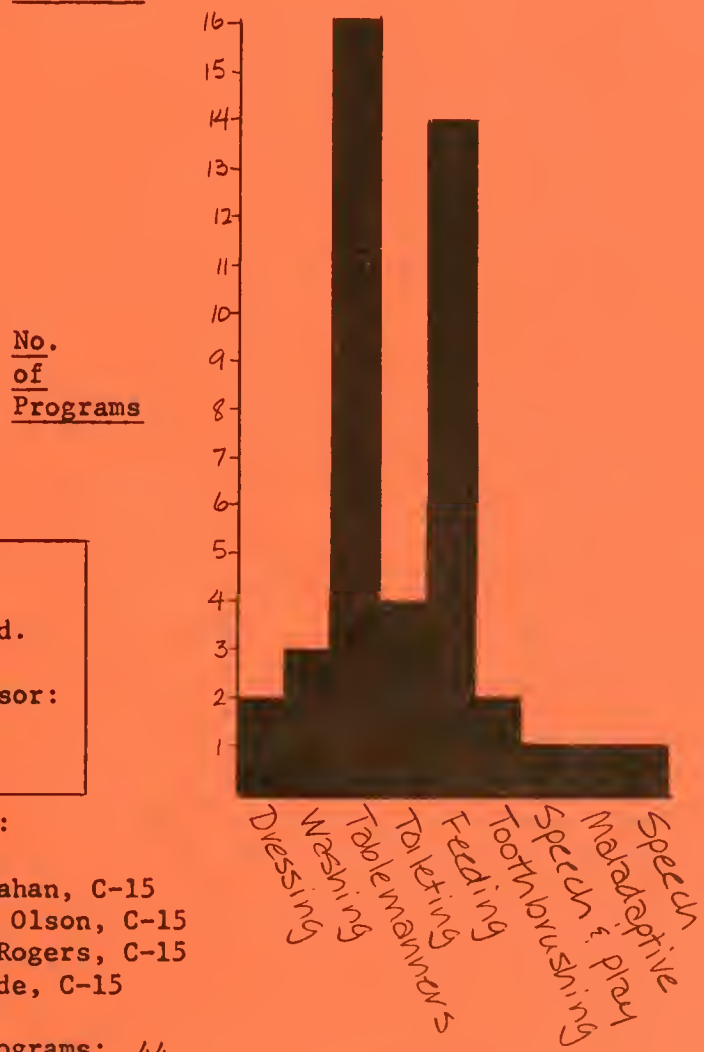
UNIT VI

None reported.

Unit Supervisor:

Dan Wooley

UNIT VII



Trainers:

Mary McMahan, C-15
Margaret Olson, C-15
Georgia Rogers, C-15
Carol Wade, C-15

Total programs: 44

Unit Supervisor:

Kathy Byrne

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the Boulder Behaviorist

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Boulder River School and Hospital
Vol. II No. 1 Boulder, Montana 59632 January 7, 1974

REFFERAL COMMITTEE HANDLES MALADAPTIVE BEHAVIOR PROBLEMS

by Jan Mackay, BMT

A referral committee has been formed to provide suggestions and answer questions in regard to behavior modification techniques available to deal with maladaptive behaviors. The Behavior Modification Referral Committee consists of Margaret Douglas, Anne Powers and Jan Mackay. The service of this committee is available through the use of a referral form which can be obtained from each unit supervisor. When completed, these referral forms should be sent to Margaret Douglas, Building 8. The referrals are then reviewed by the committee and assigned to one person who observes the resident, and on the basis of this observation, designs a program for the resident. The committee then discusses the newly designed program, revises it, if necessary, has it approved and sends copies to the appropriate persons. A BMT or BMS is then made available for consultation on the application of the program.

Each program is designed to be as applicable and convenient to cottage staff work as possible. This service is part of a general attempt to make the use of sound behavior modification techniques an integral and consistent part of everyday cottage procedures.

CHRONIC SELF-ABUSE IS ELIMINATED

by Nancy O'Hara, BMT

Through the efforts of attendants in Ward IV of Cottage 6, Lori C.'s use of leather cuffs to prevent self-abuse has been eliminated. Lori has had a long history of self-abusive behavior which has, in the past, tended to be cyclic in nature. In May, 1973, Lori began striking herself on the face, sometimes as frequently as one blow per two seconds. When this did not decrease after several days, leather cuffs were put on her arms to prevent her from bending them at the elbow. The use at BRS&H of leather cuffs as restraining devices is a last resort measure, applied only when a resident's self-abuse seriously endangers his or her health.

A behavior modification program was started in the middle of May, involving the removal of one cuff coupled with reinforcement for appropriate use of her hand and arm. This program was carried out by attendants and other staff members for two months with no appreciable drop in self-destructive behavior during times when the cuffs were removed. This program's lack of success was probably due to the problems involved in organizing a relatively large number of people to consistently implement the program. Another possible reason for the lack of success was that Lori's behavior seemed to be maintained by attention from both the staff and fellow residents in her former cottage.

Later in the year, Lori was moved to another cottage and her new group leader, Grace Stoumbaugh, A.C.I, decided to try another strategy to decrease Lori's dependence on the cuffs. Mrs. Stoumbaugh started by removing one cuff for a short time period each day, usually while Lori was involved in an activity such as eating

Keith McCarty, Superintendent
Gerald F. Butcher, Assistant Superintendent
Janice Frisch, Chief, Bureau of Social and Behavioral Services

Richard Swenson, Ph.D., Director, Title I
Barbara Holum, Editor
Larry Kerzenmacher, Production

a meal. As Lori became used to this, the time periods were lengthened until Lori was going the entire day wearing only one cuff. Lori was allowed to carry various objects, such as toys, around with her. Carrying objects seemed to be reinforcing to her and, of course, this was a much more acceptable situation than wearing the cuffs. Since then, the number of objects being carried has decreased gradually. Lori has been without cuffs for several weeks now and no self-abuse has been reported. Mrs. Stoumbaugh recorded little data during this program, but the consistent use of fading and contingent reinforcement was probably the key to her success.

At times, the existence of a seriously maladaptive behavior discourages staff from trying to teach self-help skills. We decided, however, to involve Lori in a dressing program in early October at which time she was exhibiting a fairly high rate of self-abusive behavior without the cuffs. Since then, she has advanced from step 1 to step 5 in the socks program, from step 4 to 8 in the pants program and from step 11 to 13 in the shirt program.

In this case, it is obvious that the maladaptive behavior did not preclude skill acquisition. On the basis of this experience, I would encourage others to initiate skill acquisition programs with residents exhibiting severely maladaptive behaviors, even if there is no program being done on the maladaptive behavior.

The ideal approach would be, of course, to involve the resident in two types of programs. In Lori's case, the two programs appear to have been complimentary. As Lori's inappropriate use of her hands was being eliminated, she was being reinforced in her dressing program for appriate use of her hands.

The success, mainly of one highly interested Attendant Counselor, in eliminating a self-abusive behavior that caused grave danger to Lori's health is to me a ray of hope for all attendants who must deal each day with residents who display serious maladaptive behaviors.

TOKEN ECONOMY DEVELOPED AT BEEP

A token economy designed for the Boulder Environmental Enrichment Program (BEEP) has been in effect for four weeks. The system involves rewarding appropriate behavior with tokens (poker chips) which can be traded for various privileges and items in BEEP's token store.

One purpose of the token system is to teach residents how to manage finances. For example, residents must save tokens for more preferred back-up reinforcers and budget them according to their specific needs and wants. An additional aspect of using tokens is that the residents must assume responsibility for their safe-keeping. Besides being redeemed for items in the token store (opened at 4:15 each day), tokens can be used to purchase privileges -- e.g. television time, use of the record player, a room or a desk for playing games, etc.

Residents can earn tokens while participating in training programs by making correct responses, graduating a step in a program or graduating from a program. A resident can also earn tokens and a star on a star chart in group programs (e.g. money-handling) by making the largest number of correct responses. The star is posted by his name on a board hanging on the wall. Residents in group programs can also earn tokens by socially reinforcing another resident for correct responses.

Residents are advised to deposit in the BEEP bank all tokens not yet spent. In this way residents may save tokens in order to purchase items of higher value.

In addition, residents are fined tokens for certain maladaptive behaviors, such as property destruction and injury to self or others.

The BEEP staff is presently making plans for expanding certain aspects of the token system. Increased emphasis will be placed on individualized programs for maladaptive behaviors. Going on outside trips will be an additional privilege that can be purchased with tokens.

By repeatedly pairing social praise with the tokens, the BEEP staff anticipates that eventually social praise will become a sufficient reward, thus allowing the tokens to be phased out.

ADVICE COLUMN

Dear B.B.,

When you know a resident can perform a specific skill, such as dressing, but refuses to do so until attention is given to him, what kind of program or procedure should be followed to get the resident to perform the task?

Would Like to Know

Dear Would Like to Know,

Your resident is obviously being reinforced with staff attention for not dressing himself. At present the payoffs are undoubtedly better when he doesn't dress himself than when he does (since staff often forget to attend to good behavior). Take baseline for five days by recording how long it takes the resident to dress himself after being told to do so only once. Don't coax or remind him. If he hasn't dressed himself in 30 minutes, dress him yourself.

The program design for dealing with such a problem would involve setting a time limit (from 5 to 10 minutes) in which the resident must dress himself after being given the command, "Joey, get dressed." Then, if he does dress himself before the time limit, he will be reinforced. You should praise him enthusiastically for this and perhaps also put a star on his own calendar for each day that he does.

At the end of a week (or three days, if he is unlikely to go a week), if he has earned stars for each day, he could be rewarded with something special that he really enjoys -- such as going to the Friday night dance, a trip downtown, calling home, etc. Explain to him in advance what he will get by earning a star on each day.

On days when the resident doesn't dress himself within the allotted time, dress him yourself, without giving him any extra attention (for example, don't make eye contact, or talk to him). Keep physical contact to a minimum and don't act angry or disgusted. When you've dressed him, simply say, "Joey, you didn't dress yourself and you don't earn a star today."

If your resident doesn't respond to a chart chart, you will have to make your reinforcers more immediate. In this case, food or candy paired with praise would be more effective.

If primary reinforcement doesn't improve the resident's dressing behavior, you may have to impose another contingency -- a consequence for not meeting the conditions of the program. This could mean withholding his morning meal or some privilege he enjoys on the days he does not dress himself within the allotted time. Before such a procedure is used, however, written approval must be obtained from Dr. Pallister and Dr. Swenson.

Whatever contingencies you arrange for your resident's dressing behavior, much care should be taken that the contingencies are systematically enforced. Make sure that the other staff are aware of the program so the consequences will be consistent.

When the resident meets the program's conditions at least 6 out of 7 days for three weeks, you can slightly increase the program requirements by specifying more days of correct dressing behavior before the reinforcer is earned. In this way, you can gradually fade out the reinforcers you've arranged and the behavior (hopefully) will come under the control

of and be maintained by the natural consequences of the behavior (such as going to breakfast).

STEP AND PROGRAM GRADUATIONS IN TITLE I PROJECTS

In the period from December 3 to January 4, there were a total of 136 step graduations in the three Title I projects. Of these, 52 occurred in the Boulder Environmental Enrichment Program (BEEP) in such programs as show-lacing, bedmaking, tablesetting, speech and money-handling. The Skill Acquisition Cottage (SAC) had 27 step graduations in such programs as toothbrushing, hand and face washing and bathing. In the same period, the Cottage Life project had 57 step graduations.

In addition, there were 11 program graduations by residents in the three projects. In SAC, S.C. graduated from his zipping program, T.B. from her socks, pants and shirt dressing program, J.D. from her buttoning program and J.N. from his zipping program. In BEEP, D.N. graduated from the first phase of his speech program. In the Cottage Life project, T.B. graduated T.B. graduated from his shirt dressing program, R.M. and J.D. from their eating programs, and T.B. from his hand and face washing program.

TRAINING BY ATTENDANT COUNSELORS

The following figures represent by number and type the training programs done by Attendant Counselors in each unit during the weeks of November 30-December 14:

UNIT I

None reported.

Unit Supervisor: M.L. O'Hara

PROFILE OF NEW TITLE I EMPLOYEES

BMT Karen Lange earned a B.A. degree in psychology from Gonzaga University in 1971. She will work in the BEEP project.

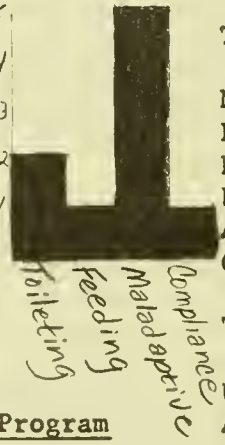
BMT Kari Nybo received her B.A. degree in social work from the University of Montana in 1973. Ms. Nybo will also work in the BEEP project.

Timothy Plaska holds a B.S. from Grand Valley State College in Michigan and an M.A. in psychology from Western Michigan University. Mr. Plaska will be hired as a Training Supervisor and will be involved in expanding the behavior modification approach in the school at BRS&H.

Secretary/aide Lynn Shea received her A.A. degree from Dawson Junior College and studied special education at Eastern Montana College. She is the typist for Title I special projects and will do several hours of training each day in BEEP

BMT Walter Williams received his B.A. from the University of Notre Dame and his M.A. in psychology from Western Michigan University this fall. Mr. Williams has 2-½ years work experience as a teacher at Kalamazoo Learning Village, Kalamazoo, Michigan, and will work with Mr. Plaska in the school.

UNIT II



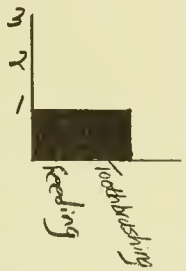
Trainers:

Myrtle Hungerford, C-6
Russell Jerome, C-6
Linda McGarry, C-6
Helen Munson, C-6
Alice Sheehan, C-6
Grace Stoumbaugh, C-6

Total programs: 9

Unit Supervisor:
Al Glasser

UNIT III



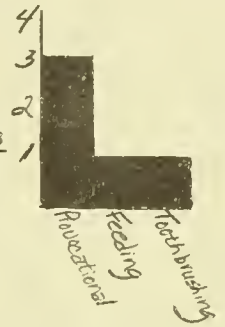
Trainer:

Tom Kilmer, C-9

Total programs: 2

Unit Supervisor:
Bob Fleege

UNIT IV



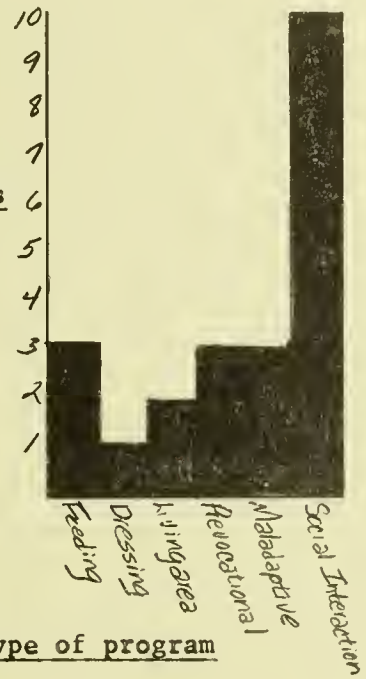
Trainers:

Alma DeMers, C-11
Norma Johnson, C-4
Karen Wheeler, C-4

Total programs: 5

Unit Supervisor:
Dave Anderson

UNIT V



Trainers:

Alex Cameron, C-1
Mrs. Christianson, C-1
Lorraine Downing, C-1
Jerri James, C-1
Dorothy Magee, C-1
Jim McMahan, C-1
Adeline Vossler, C-1

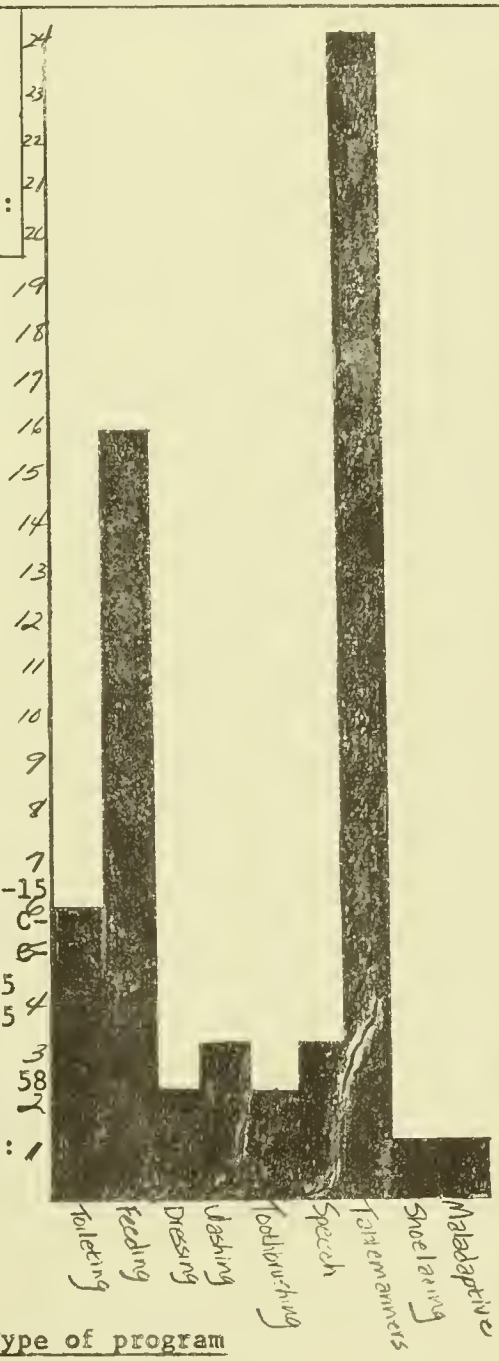
Total programs: 22
Unit Supervisor: Dick Sonsteng

UNIT VI

None reported.

Unit Supervisor:
Dan Wooley

UNIT VII



Trainers:
Mary McMahan, C-15
Margaret Olson, C-
Georgia Rogers, C-
Pam Sheets, C-15
Carol Wade, C-15

Total programs: 58

Unit Supervisor:
Kathy Byrne